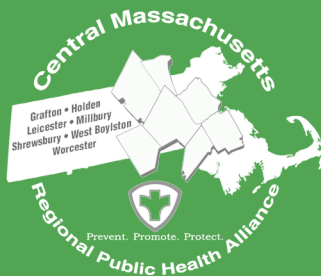
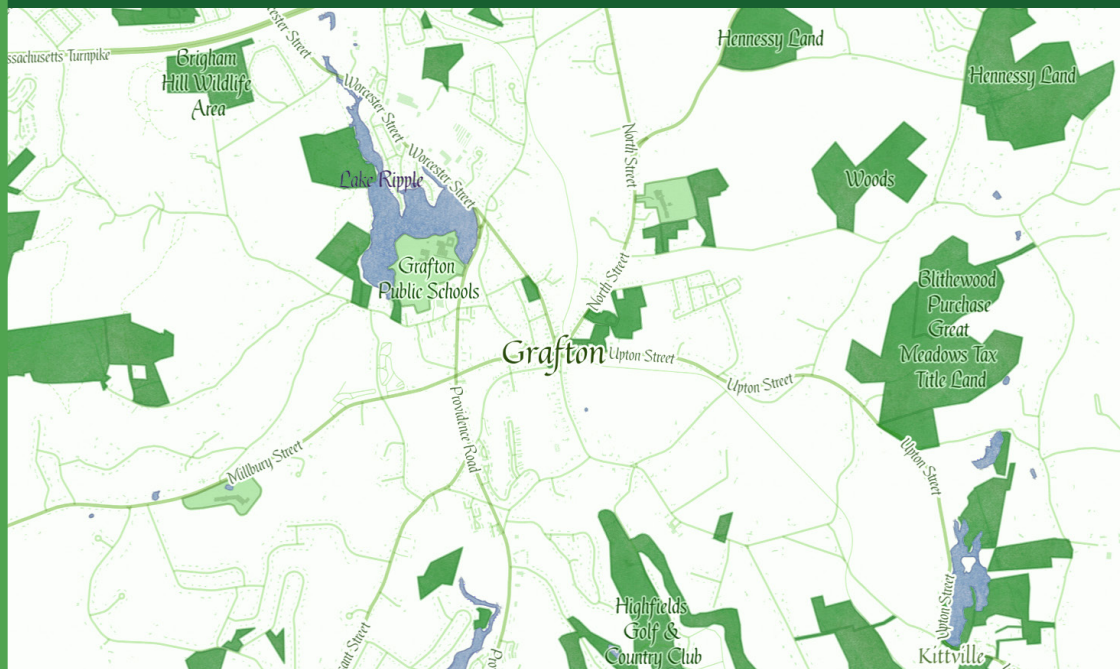


# GRAFTON

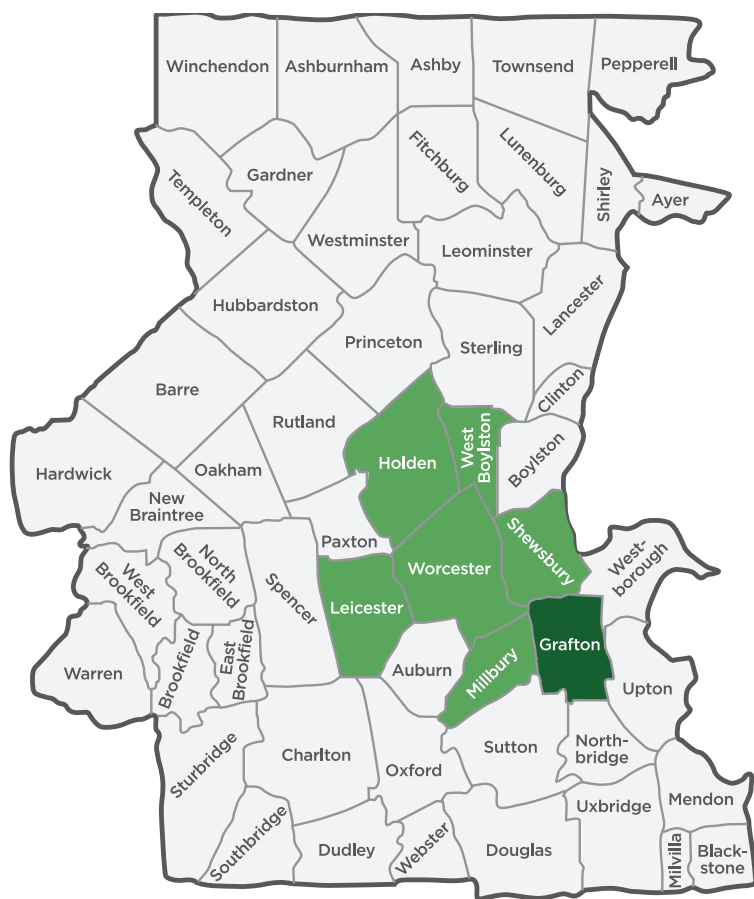
## Community Health Assessment

# 2014 CHA



**Public Health**  
Prevent. Promote. Protect.





This CHA focuses on the town of Grafton, a member of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which also includes Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester.

CMRPHA is a coalition of municipalities working cooperatively to create and sustain a viable, cost-effective, and labor-efficient regional public health district.

## 2014 Grafton Community Health Assessment

### VISION:

A healthy Grafton supports and considers positive mental and physical health when making decisions and allocating resources while engaging residents to identify needs.



## **Lead Authors**

Erin Cathcart, MPH, CPH

Zach Dyer, MPH

This Community Health Assessment was conducted June through December 2014. It serves as a basis for future health improvement efforts carried out by the Central MA Regional Public Health Alliance. It is also intended that this document serve as a resource for community organizations and individuals working to improve the health of Grafton. The data presented is as up-to-date as available at the time of publication. Future assessments including updates to this data will be included as part of the comprehensive regional Community Health Assessment published every three years and updated annually.

**For more information visit:**

[www.healthycentralma.com](http://www.healthycentralma.com)

## **Acknowledgements**

### *Steering Committee*

Kristen Bafaro, Community Harvest Project  
Karyn Clark, Worcester Division of Public Health  
Barbara Connelly, Grafton Senior Center  
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Grafton Public Library  
Grafton Medical Reserve Corps  
Blackstone Valley Chamber of Commerce  
Grafton Board of Health  
Grafton Public Schools  
Grafton Interfaith  
Grafton Town Administration  
Worcester Division of Public Health

# 2014 Grafton Community Health Assessment

## Executive Summary

Grafton joined the Central MA Regional Public Health Alliance (CMRPHA) in spring 2014. The other six municipalities of the CMRPHA had previously completed a comprehensive community health improvement planning process, including the development of both a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). With support from the Board of Health, the Worcester Division of Public Health began facilitating Grafton's first CHA to analyze the health challenges and strengths in Grafton. Information in this report will inform future programming offered by the Worcester Division of Public Health in Grafton and is available to community partners for their use as well.



### Methods

The Grafton Community Health Assessment (CHA) was undertaken by an interdisciplinary Steering Committee and facilitated by staff of the Worcester Division of Public Health. The process followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a best practice for health assessments developed by the National Association of County and City Health Officials. The process involves the completion of a structured visioning session and the collection of data through four inter-related health assessments. Each assessment focuses on different data sources to provide a complete overall picture of health. The assessments include: Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change, and the Local Public Health Systems Assessment. The Steering Committee utilized multiple approaches to data collection to ensure board participation and collection of quality primary and secondary data. These sources included: focus groups, key informant interviews, online and hard copy resident surveys, community events, and analysis of MA Department of Public Health data and US Census data..

Following data analysis, CHA facilitators utilized a tool called the prioritization matrix to identify key themes in the data and identify health priorities for Grafton. This process is a best practice for local public health systems and allows facilitators to

visualize the how often themes are discussed and from which data sources.

Limitations present in data analysis include a non-representative participation in the online survey that over-represents some demographic groups. Additional challenges are present based on the availability of secondary data from MA Department of Public Health.

### Demographic and Health Profile

Grafton's total population is approximately 17,765. Grafton has a large youth population, with 25.6% of residents under the age of 18. The town also has a large population of older adults (aged 50-64 years) at 19.6% and elderly residents (aged 65 and older) at 10.8%. Grafton's population is also mainly white at 84%. Adults in Grafton report high educational attainment, with 31.2% holding at least a Bachelor's degree, significantly higher than the Massachusetts average of 22.2%. Grafton residents on average receive fewer government benefits, as compared to the state, though there is a significant population receiving social security, supplemental security income, and SNAP benefits.

The overall mortality rate among Grafton residents is lower than the regional rate, although it is higher than the state average. Data analysis revealed that the top three causes of mortality for Grafton residents are the same as those at



the regional and state level: circulatory system diseases (which includes all heart disease and strokes), cancer, and respiratory diseases.

Health risk behaviors reported by survey respondents were very positive, with very few respondents reporting frequent risk behaviors. Greater than 90% of survey respondents reported never using smokeless tobacco, recreational drugs, or prescription drugs outside of their intended purpose.

### Priorities

Based on the prioritization matrix of themes, five key health priorities were identified including: 1) capacity for multi-level engagement 2) access to physical activity resources 3) mental health 4) access to healthy foods 5) substance abuse

*Capacity for multilevel engagement* is a health theme that is inclusive of multiple themes. Throughout the process participants expressed a desire for increased health promotion programming, health education, and information regarding existing services. Local public health system partners expressed concern with the stability of funding, the ability to disseminate available information to the public, and a general enthusiasm for future collaborations.



*Access to physical activity* emerged as a theme due to the high number of respondents indicating that Grafton's resources are often inaccessible, although they are of high quality. Survey respondents also frequently indicated that opportunities for physical activity are among the most important indicators of a healthy community.

*Mental health* was most frequently discussed in the context of special populations such as seniors and youth. Regional youth health survey data revealed disparities in mental health outcomes between males and females, with female students being at an increased risk for depression and suicide.



*Access to healthy food* is included due to the high level of concern among survey respondents around overweight and obesity. Although data indicates that many residents are making positive eating choices by eating fruits and vegetables, disparities in access was also discussed.



*Substance abuse* was a common concern among focus group participants, particularly substance abuse among youth. However, participants commonly noted that they were unaware of the extent of substance abuse among youth or of which substances are most common. Grafton overall has a low frequency of substance abuse admissions to treatment and hospitalizations. However, youth health survey data identified potential areas for improvement, particularly in youth abuse of prescription drugs and marijuana.



*Other themes.* Beyond the five identified health priorities, a number of recurring themes were identified in the data analysis process that represent both health challenges and health promotion factors. These include: high quality community organizations, emergency preparedness, flu clinics, lead poisoning prevention, healthcare access, policy development, and regionalization, among others.

### Conclusion

The priorities identified through the CHA are similar to priorities established at the region, state, and national level. This provides potential opportunities for public health partners in Grafton to collaborate and leverage available resources to improve health for all those who live, work, learn, and play in Grafton.

In order to ensure that the CHA process continues in a sustainable manner and health improvement programming is properly evaluated, the Grafton CHA data will be updated regularly and be integrated with the CMRPHA's comprehensive process for the Greater Worcester region.

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## Introduction

The Town of Grafton began receiving public health services through the Worcester Division of Public Health upon joining the Central MA Regional Public Health Alliance in spring 2014. The other six municipalities of the Central MA Regional Public Health Alliance (Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester) had participated in a comprehensive health improvement planning process in 2012. This process involved over 90 organizations and produced both the region's first comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

As Grafton was not yet a member of the Alliance during the planning process, it was determined that a comprehensive health assessment would be appropriate, focusing specifically on the municipality of Grafton. The CHA will be used to inform program planning, resource allocation and policy priorities for the town over the next several years.

Moving forward, the Grafton CHA will be incorporated into the structure of regional community health improvement activities in order to build a cohesive plan to improve health for all those who live, work, learn, and play in Central MA.

## Steering Committee

At the outset of the assessment process, an interdisciplinary Steering Committee was formed to guide data collection and key decision making throughout the process. The Committee included:

- Kristen Bafaro, Executive Director, Community Harvest Project
- Karyn Clark, Chief of Community Health, Worcester Division of Public Health
- Barbara Connelly, Director, Grafton Senior Center
- Jay Cummings, Superintendent of Grafton Schools
- Jay Gardiner, Member, Grafton Board of Health
- Lt. Wayne Tripp, Grafton Police Department

## Facilitators

Erin Cathcart, Accreditation Coordinator, Worcester Division of Public Health

Zach Dyer, Coordinator of Chronic Disease Prevention & Partnerships, Worcester Division of Public Health

## MAPP Framework

The CHA Steering Committee chose to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the assessment process. The framework was developed by the National Association of County and City Health Officials (NACCHO) with support from the Centers for Disease Control and Prevention (National Association of County and City Health Officials, 2013) and represents best practice model for health improvement planning. Facilitators used the following tools for guidance: MAPP Field Guide, MAPP User's Handbook, National Public Health Performance Standards Local Implementation Guide, and National Public Health Performance Standards Local Assessment Instrument.

The MAPP framework includes six phases: 1) Organizing for Success 2) Visioning 3) Four MAPP Assessments 4) Identify Strategic Issues 5) Formulate Goals and Strategies 6) Action. The Assessment process contains phase 1-3 while the Improvement Planning process contains phases 4-5.



Figure 1. MAPP Roadmap to Health. Source: *Mobilizing for Action through Planning and Partnerships*. Washington, D.C. National Association of County and City Health Officials, 2013

The four assessments include: Community Health Status Assessment, Community Themes and Strengths, Forces of Change, and Local Public Health Systems Assessment. A variety of data collection tools were employed to ensure broad representation.

## Methods

### Visioning

The Steering Committee completed a visioning session in June 2014, prior to the start of data collection for the CHA. The Committee used two key questions to frame discussion of a shared vision: 1) What does a healthy Grafton mean to you? 2) What are important characteristics of a healthy community for all those who live, work, learn, and play here?

Information from the discussion was worked into a draft vision statement which was accepted by the Committee in August 2014.

**Vision:** *A healthy Grafton supports and considers positive mental and physical health when making decisions and allocating resources while engaging residents to identify needs.*

## Community Health Status Assessment

The Community Health Status Assessment (CHSA) collects quantitative data on key health indicators such as disease prevalence and behavioral risk factors. The CHSA was undertaken using online survey of residents and the collection of secondary quantitative data from a variety of sources. All community health indicators were selected by the Steering Committee and data was collated by Worcester Division of Public Health staff.

The survey was created using SurveyMonkey and widely distributed via social media, electronic mailing lists, and website postings. Hard copies of the survey were also available in the Grafton Senior Center and Grafton Public Library. A copy of the survey tool is provided in Appendix A.

Survey participation was good, with a total of 336 respondents, though there were notable disparities between survey respondents and town demographics. The majority of the survey respondents were female at 71.6% compared to males at 28.4% (Figure 2). The majority of respondents were also between the ages of 30 and 64 years. Youth were underrepresented among survey respondents (Figure 3). Minority populations were also underrepresented among survey respondents (Figure 4). The majority of survey respondents also had high educational attainment, with 64.4% having at least a bachelor's degree (Figure 5). Household income of the survey respondents was largely representative with respondents earning more on average than the general population (Figure 6).

**Gender, Survey Respondents vs. Actual**

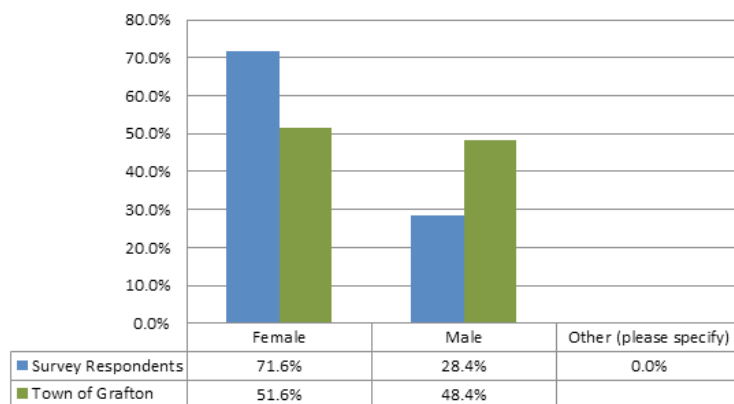


Figure 2. Gender of survey respondents compared to town demographics. Source: US Census Bureau, 2010 US Census

**Age Distribution, Survey Respondents vs. Actual**

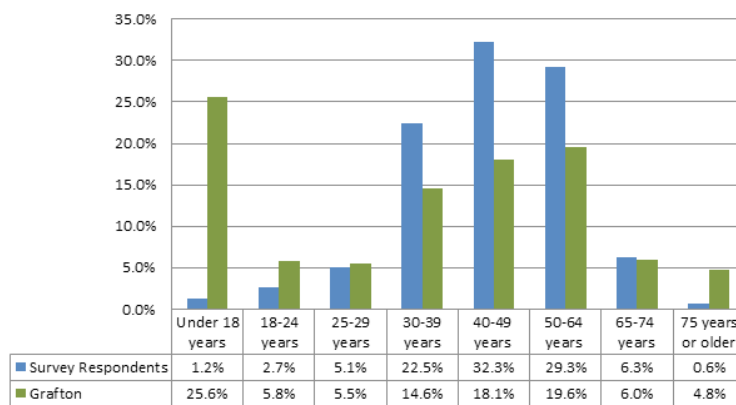


Figure 3. Age distribution of survey respondents compared to town demographics. Source: US Census Bureau, 2010 US Census

**Race/Ethnicity, Survey Respondents vs. Actual**

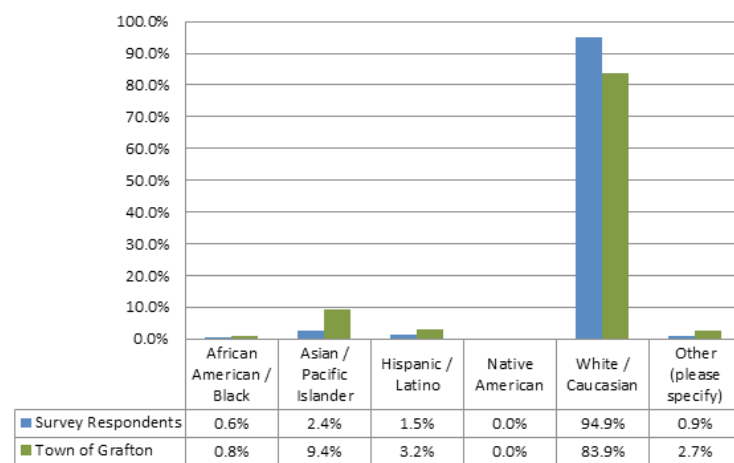


Figure 4. Race/Ethnicity of survey respondents compared to town demographics. Source: US Census Bureau, 2010 US Census

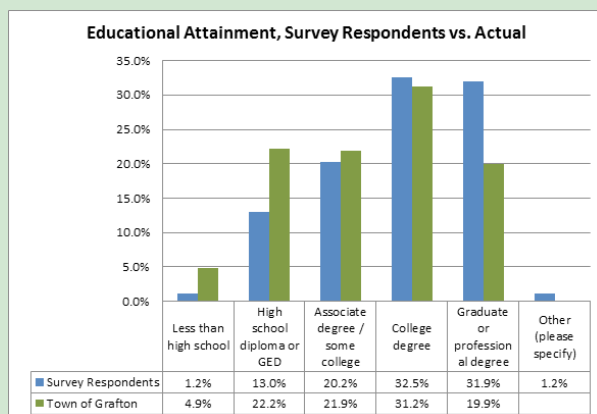


Figure 5. Educational attainment of survey respondents compared to town demographics.  
Source: US Census Bureau, 2010 US Census

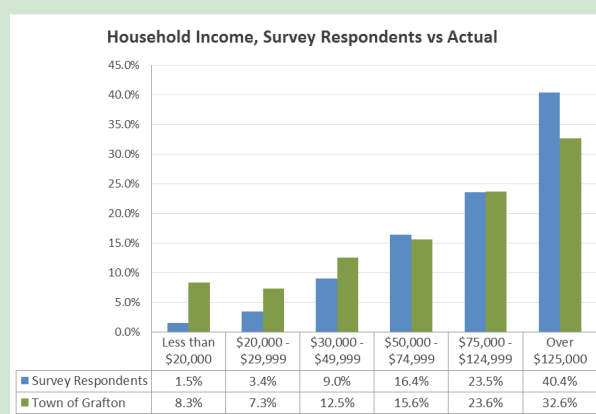


Figure 6. Annual household income of survey respondents compared to town demographics.  
Source: US Census Bureau, 2010 US Census

## Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) is intended to seek input from the community on the quality of life perceptions, priorities for action, and available assets that could be mobilized to improve health. Data for the CTHA was collected through the survey used for CHSA as well as through at community events, focus group sessions, and key informant interviews. Participants for these sessions were selected by Steering Committee to represent a broad array of sectors and demographics. A copy of the Facilitator's Guide for these sessions is provided in Appendix B and a list of groups interviewed is included in Table 1 below.

Focus Groups Sessions	Community Events	Key Informant Interviews
Seniors Council on Aging High School Age Youth Healthcare Providers Grafton Clergy Board of Health	National Night Out	Grafton Police Chamber of Commerce Grafton Town Employees Grafton Medical Reserve Corps

Table 1. Community Themes and Strengths Assessment Data Sources

## Local Public Health Systems Assessment

The Local Public Health Systems Assessment (LPHSA) is intended to assess the strengths and weaknesses of the local public health system and the capacity to respond to health needs. The local public health system is defined as the local network of agencies, organizations, and stakeholders that work to positively influence the health of the community. This definition includes organizations beyond the local health department such as clinical providers, schools, public safety, social service organizations, community organizations, faith groups, etc.

To assess the capacity of the local public health system in Grafton, a tool was created using the National Public Health Performance Standards Local Assessment Instrument as a guide Appendix C. The tool seeks to assess the capacity of the local public health system to provide the 10 Essential Public Health Services, and the quality of those services.



The Grafton LPHSA incorporated performance measures from the National Public Health Performance Standards Local Assessment for the 10 Essential Services; key stakeholders were asked to discuss the current status of the service, as well as strengths, weaknesses, and opportunities for improvement. Not all performance measures were discussed as they were not all relevant to the delivery of public health services in MA.

Specific stakeholder groups were targeted based on their level of involvement in the provision of each essential service as outlined in Table 2 below. These conversations were included in focus group sessions for these groups.

Local Public Health System Partner	Essential Services Discussed
Grafton Clergy (faith based community)	4, 7, 9
Grafton Police	2, 3, 4, 5, 7, 9
Worcester Division of Public Health/ Central MA Regional Public Health Alliance Staff	1-10
Healthcare Providers	3, 4, 7, 8, 9

*Table 2. Stakeholders participating in the Local Public Health System Assessment*

## Forces Of Change Assessment

The Forces of Change Assessment (FoC) is intended to identify the broad trends, factors, and events that may influence local public health both positively and negatively. FoC was completed during a two hour discussion session with the Steering Committee facilitated by the Worcester Division of Public Health and using the Forces of Change Reference Page (Appendix D) as a guide.

## Prioritization

Data collected through the four assessments was collated and analyzed in aggregate using a prioritization matrix model. Facilitators created a list of themes and topics using the data, noting the assessment the data originated from for each. Each theme was then evaluated based on the number of times that it was mentioned during qualitative data collection. An example of this matrix is provided in Table 3, below. Asterisks indicate strength of evidence; (\*) indicates that there is some evidence (\*\*) indicates there is significant evidence and (\*\*\*) indicates there is strong evidence.

Themes	Community Health Status Assessment	Community Themes and Strengths	Local Public Health Systems Assessment	Forces of Change
Theme 1	*Survey Data	*Focus Group Conversation	*Essential Service X	
Theme 2			*Essential Service Y	*

*Table 3. Example of a prioritization matrix*

The themes identified were then consolidated into five major priority areas by the facilitators. These priority areas were reviewed and approved by the Steering Committee.

## **Report Preparation**

In accordance with the MAPP process and requirements of the Public Health Accreditation Board, a draft version of this report was made available to the community for comment. This was achieved through a posting of an electronic version on the health department's website with a comments section. Hard copies were also available through partner agencies, along with hard copy comment forms. These comments were reviewed by facilitators and the Steering Committee and incorporated into the final version of this report.

## **Limitations**

Several limitations are present in this assessment. The non-random sampling method of the online survey resulted in a survey population that is not necessarily representative of the total population. In addition, limitations exist with the utilization of self-reported data from the survey, where recall or reporting bias may be present. Additional limitations exist based on the availability of secondary data available from the MA Department of Public Health. In some cases, desired health indicators could not be included due to the uncertainty presented by low case counts and rare health events. In addition, the most recent available data for some health indicators is several years old, which presents a challenge in describing the current state of health in the town. For this reason, multiple data sources and collection methods were utilized to provide a clear picture of Grafton's current health status.

# Community Profile

## Demographic Profile

Grafton's total population is approximately 17,765 and among towns of Massachusetts is in the second highest quintile for population size. Grafton has a large youth population, with 25.6% of residents under the age of 18. The town also has a large population of older adults (aged 50-64 years) at 19.6% and elderly residents (aged 65 and older) at 10.8% (Figure 7).

Grafton is a mainly white community, with 84% of the population identifying as white. There is an increasingly large Asian population (9%) and small Latino (3%) and Black (1%) populations (Figure 8).

Adults in Grafton also report high educational attainment, with 31.2% holding at least a Bachelor's degree, significantly higher than the Massachusetts average of 22.2% (Figure 9). An additional 19.9% hold a graduate or professional degree, compared to 16.8% at the state level (Figure 9).

Nearly 85% of Grafton residents speak only English at home as compared to 78% of Massachusetts residents (Figure 10).

While a far lesser rate of families live below the poverty line in Grafton as compared to Massachusetts, that discrepancy disappears for families with children under 5 years old and residents over the age of 65 (Figure 11).

Grafton residents on average receive fewer government benefits, as compared to the state, though there

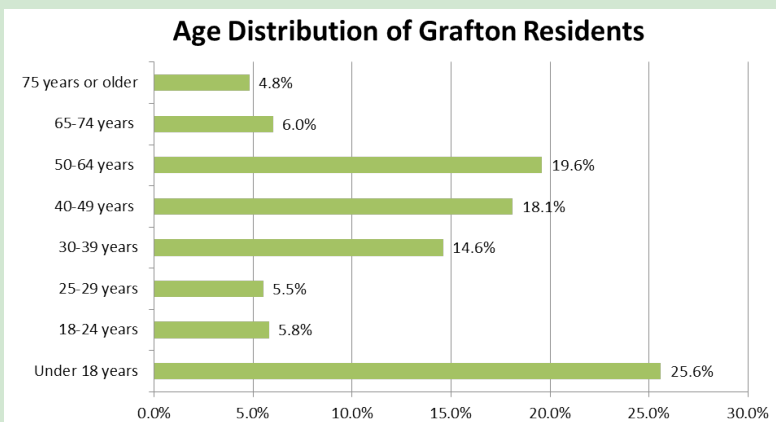


Figure 7. Age distribution of Grafton residents. Source: US Census Bureau, 2010 US Census.

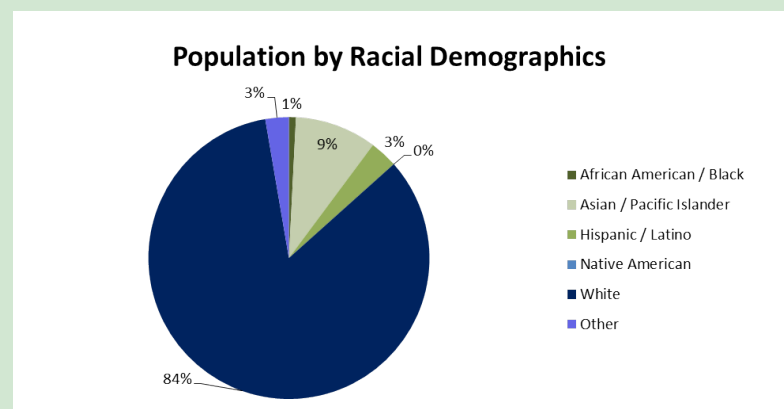


Figure 8. Population by racial demographics. Source: US Census Bureau, 2010 US Census.

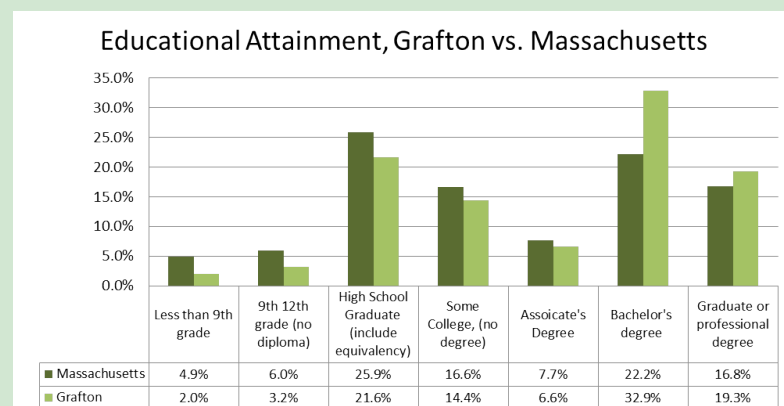


Figure 9. Educational attainment of Grafton residents compared to MA. Source: US Census Bureau, 2010 US Census

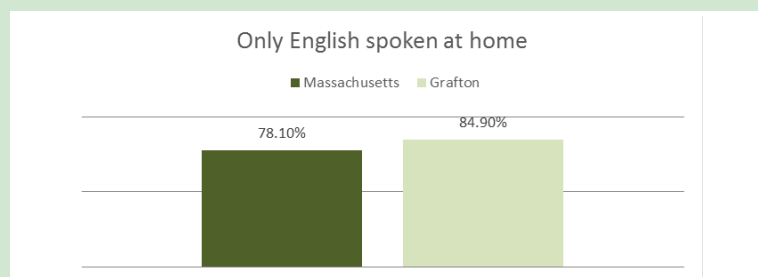


Figure 10. Percent of residents speaking English exclusively. US Census Bureau, 2010 US Census.

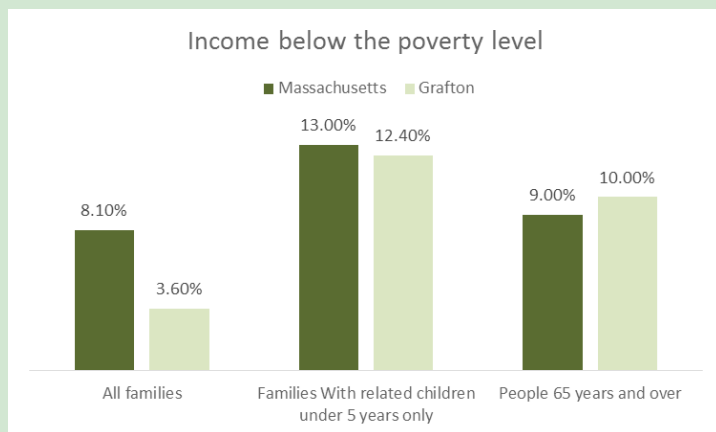


Figure 11. Percent of families and residents below the poverty level. Source: US Census Bureau, 2010 US Census

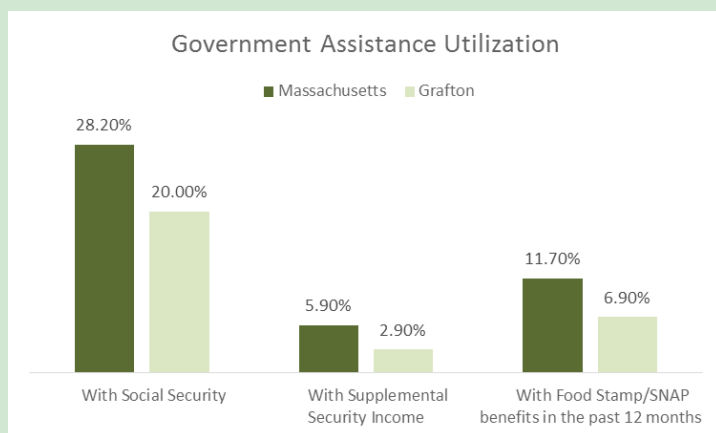


Figure 12. Percent of residents receiving government assistance programs. Source: US Census Bureau, 2010 US Census.

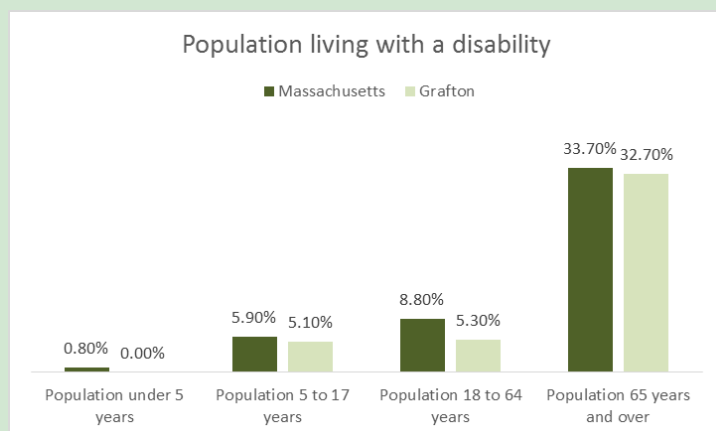


Figure 13. Percent of Residents living with a disability. Source: US Census Bureau, 2010 US Census

is a significant population receiving social security, supplemental security income, and SNAP benefits (Figure 12).

Disability rates in Grafton are largely on par with those of the state, including one third of residents over the age of 65 living with a disability (Figure 13).



## Health Profile

The overall mortality rate among Grafton residents is lower than the regional rate, although it is higher than the state average (Table 4). Data analysis revealed that the top three causes of mortality for Grafton residents are the same as those at the regional and state level: circulatory system diseases (which includes all heart disease and strokes), cancer, and respiratory diseases (Massachusetts Department of Public Health, 2011). Grafton's mortality rates are lower than regional and state mortality rates for a number of conditions including: AIDS/HIV, all circulatory system diseases, heart disease specific mortality, injuries and poisonings, opioid-related fatalities, and suicide (Table 4). Mortality rates are higher than both regional and state rates for cancer (all types), breast cancer (females), motor-vehicle related deaths, pneumonia and influenza, and respiratory diseases (Table 4).

Mortality			
Age-adjusted rates per 100,00 population			
	Grafton	CMRPHA	Massachusetts
<b>Mortality Rate</b>	682.36 per 100,000	732.70 per 100,000	669.15 per 100,000
<b>AIDS/HIV Mortality</b>	0.00 per 100,000	2.48 per 100,000	1.52 per 100,000
<b>Cancer (all types) Mortality</b>	189.06 per 100,000	181.92 per 100,000	169.86 per 100,000
<b>Breast Cancer Mortality</b>	41.79 per 100,000	21.20 per 100,000	20.11 per 100,000
<b>Circulatory System Mortality</b>	186.49 per 100,000	191.38 per 100,000	193.60 per 100,000
<b>Heart Disease Mortality</b>	133.09 per 100,000	146.70 per 100,000	148.25 per 100,000
<b>Injury and Poisoning Mortality</b>	37.59 per 100,000	45.83 per 100,000	42.69 per 100,000
<b>Motor Vehicle Related Deaths</b>	13.99 per 100,000	6.46 per 100,000	5.45 per 100,000
<b>Opioid-related Fatal Overdoses</b>	7.22 per 100,000	10.18 per 100,00	9.12 per 100,000
<b>Pneumonia and Flu Mortality</b>	22.91 per 100,000	19.06 per 100,000	16.34 per 100,000
<b>Respiratory Disease Mortality</b>	81.29 per 100,000	72.32 per 100,000	65.34 per 100,000
<b>Suicide Mortality</b>	3.85 per 100,000	6.79 per 100,000	8.26 per 100,000

Table 4. Selected mortality rates. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2009-2011 annual rates.

Hospitalization rates were analyzed for key conditions of interest. Overall, Grafton has lower hospitalization rates than both the region and the state for diabetes and pneumonia and influenza (Table 5). The rate of emergency department visits for asthma is also lower than both the region and the state. Grafton's hospitalization rates are higher than the region, but not the state average for coronary heart disease (Table 5). The rate for lung cancer hospitalizations is significantly higher than both the region and the state (Table 5).

Hospitalizations			
Age-adjusted rates per 100,000 population			
	Grafton	CMRPHA	Massachusetts
<b>Asthma Related Emergency Department Visits</b>	1234.56 per 100,000	2712.92 per 100,000	1500.03 per 100,000
<b>Coronary Heart Disease Hospitalizations</b>	255.08 per 100,000	252.65 per 100,000	292.34 per 100,000
<b>Diabetes Related Hospitalization</b>	1261.57 per 100,000	2231.33 per 100,000	1963.22 per 100,000
<b>Lung Cancer Hospitalizations</b>	96.76 per 100,000	49.40 per 100,000	46.33 per 100,000
<b>Pneumonia and Influenza Hospitalizations</b>	216.10 per 100,000	358.31 per 100,000	330.89 per 100,000

Table 5. Selected hospitalization rates. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011 annual rates.

Based on the expressed interest of the Steering Committee and focus group participants, key outcomes for substance abuse were also analyzed. In 2011, Grafton had lower overall substance abuse admissions rates than both the region and the state (Table 6). The town also had lower admission rates for both alcohol and heroin, as well as a lower hospitalization rate for substance abuse (Table 6). Hospitalizations for mental disorders is also significantly lower than both the region and the state (Table 6).

Substance Abuse			
Age-adjusted rates per 100,000 population			
*Crude rates per 100,000 population			
	Grafton	CMRPHA	Massachusetts
<b>Alcohol and Substance Related Hospitalizations†</b>	114.05 per 100,000	305.57 per 100,000	343.97 per 100,000
<b>Alcohol Related Substance Abuse Admissions*</b>	242.23 per 100,000		527.72 per 100,000
<b>Heroin Related Substance Abuse Admissions*</b>	450.65 per 100,000		710.46 per 100,000
<b>Mental Disorders Hospitalizations†</b>	2810.36 per 100,000	4767.35 per 100,000	4159.86 per 100,000
<b>Substance Abuse Admissions*</b>	861.87 per 100,000		1558.64 per 100,000

Table 6. Selected substance abuse outcomes. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2012 (†2011) annual rates

Health protective behaviors reported by survey respondents were largely positive, with most people reporting always or regularly wearing a helmet while riding a bike, wearing a seatbelt when in a car, and eating five servings of fruits and vegetables per day. Respondents also reported always or regularly receiving routine screenings and care including cancer screenings, dental screenings, vaccinations, and blood pressure screenings. Most survey respondents reported getting 30 minutes of exercise a day less than regularly (Figure 14).

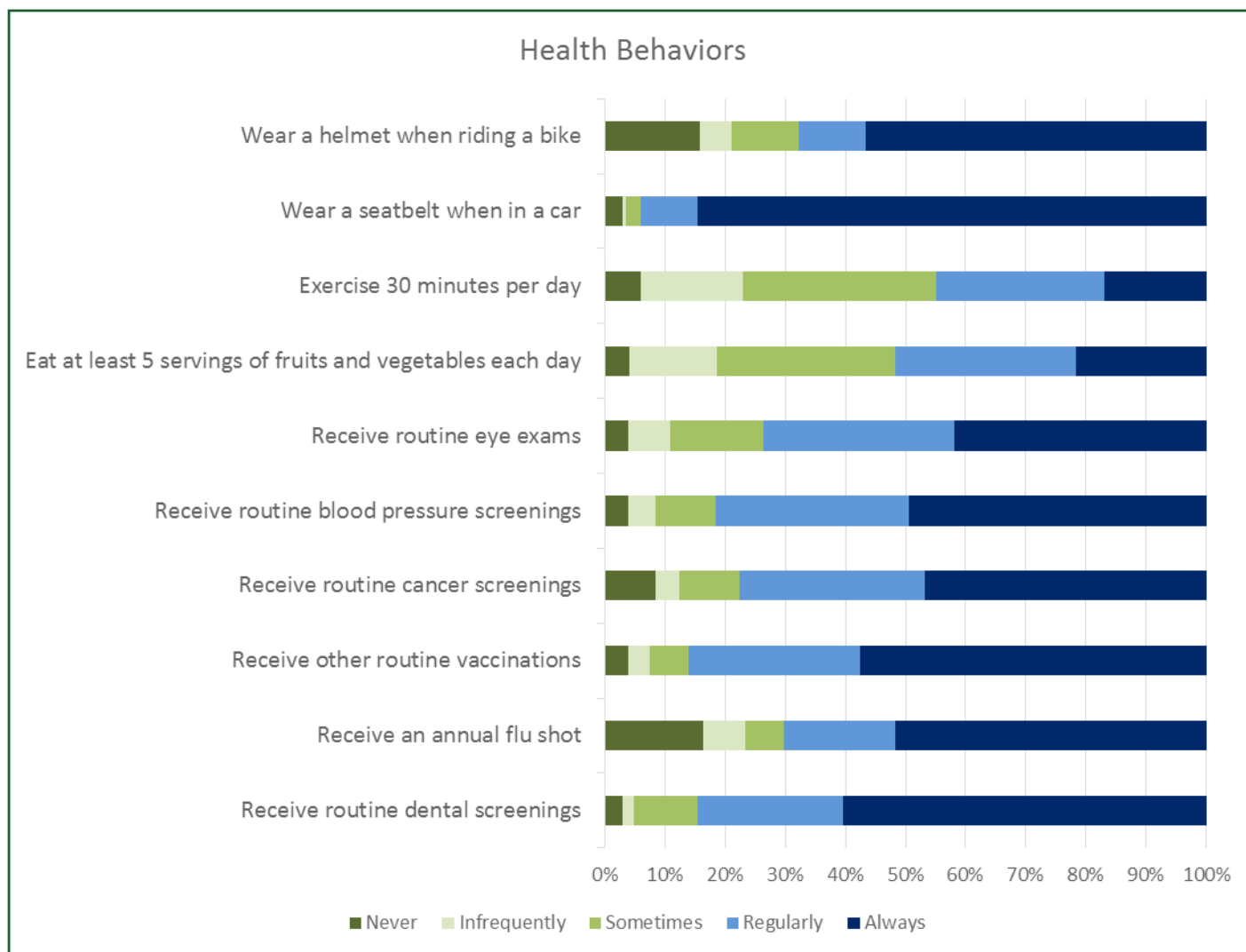


Figure 14. Health protective behaviors. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

Health risk behaviors reported by survey respondents were likewise very positive, with very few respondents reporting frequent risk behaviors. Greater than 90% of survey respondents reported never using smokeless tobacco, recreational drugs, or prescription drugs outside of their intended purpose. Fewer than 20% of respondents reported owning a firearm or smoking cigarettes at least infrequently. Only binge drinking emerged as a potential concern with 40% of survey respondents reporting they drink in excess at least infrequently (Figure 15).

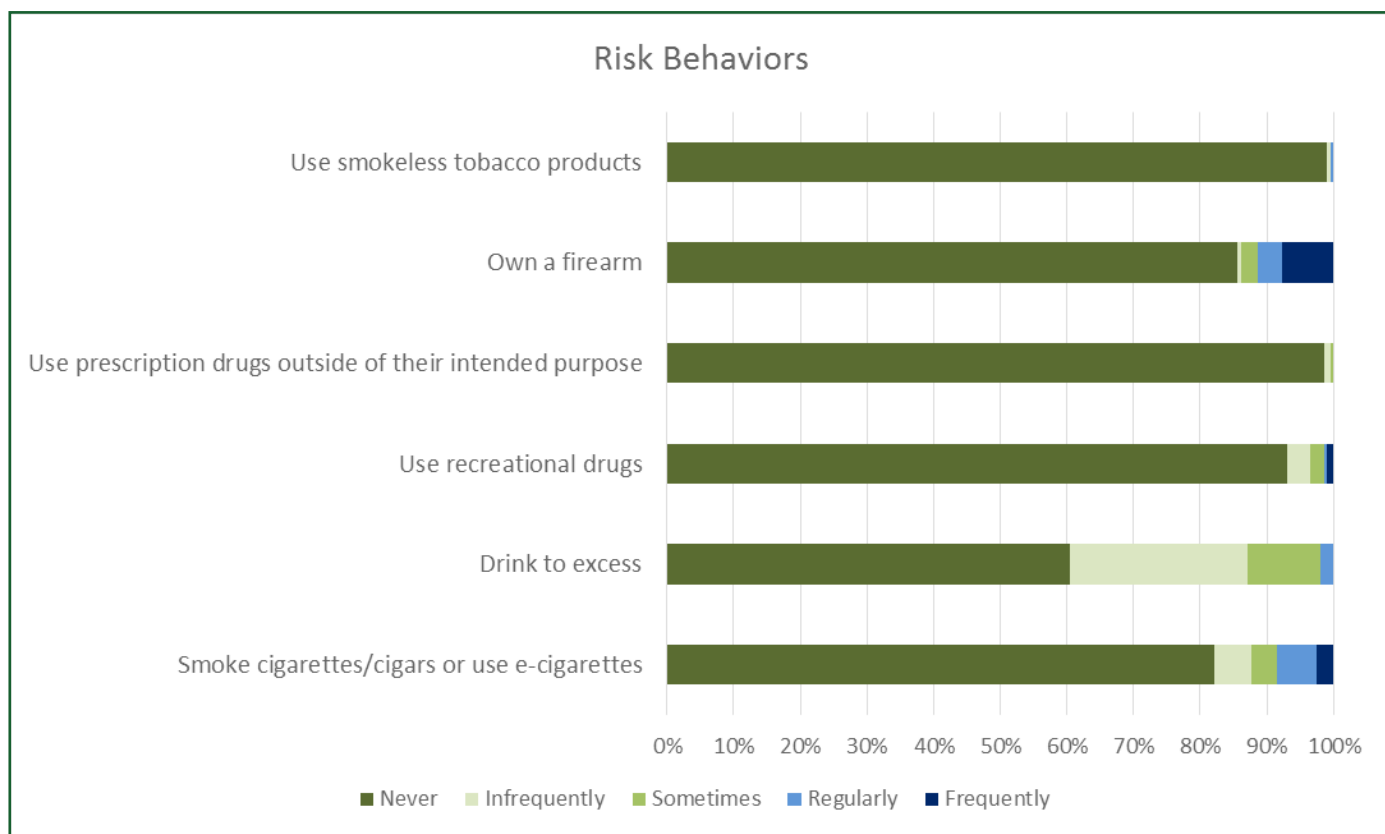


Figure 15. Health risk behaviors. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

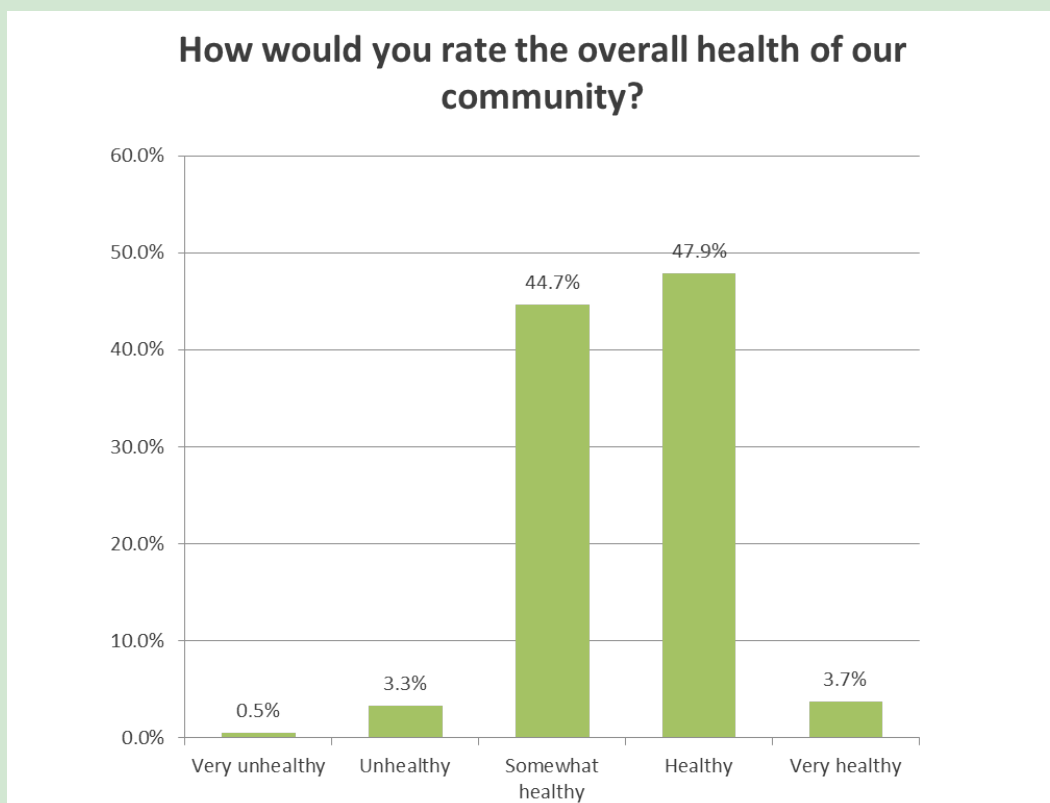


Figure 16. How would you rate the overall health of our community? Source: Worcester Division of Public Health. Grafton Community Health Assessment, 2014.



## Identified Health Priorities

*"I think analyzing and surveying the players in the community and understanding what the challenges are, I think is a big deal...We all have a perception of what we think public health is, so I think that's one thing I think the Alliance is going to bring to this, and the hopefully a plan around how we deal with those challenges and [strategize] around that." –Key informant, government sector*

The prioritization process revealed five key health related priorities for the health of Grafton:

1. Capacity of the public health system to achieve multilevel community engagement
2. Access to resources for physical activity
3. Mental health
4. Access to healthy foods
5. Substance abuse

These priorities provide a framework for future health improvement strategies. Each priority represents a collation of several strong themes identified through the data analysis process and each is discussed in detail below.

*"...I think that in Grafton, the nature of [the town] itself and the mindset [of people] there promotes healthy living." –Key informant interview, business sector*

## Capacity for multilevel community engagement

Throughout the data collection process participants expressed a desire for increased health promotion programming, health education, and information regarding existing services. Local public health system partners expressed concern with the stability of funding and the ability to disseminate available information to the public. They also expressed a general enthusiasm for future collaborations.

### Challenges

The challenge themes that arose throughout the CHA process that have been included under the priority of capacity for multilevel community engagement are presented in Table 7.

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Availability of Programming for Youth	**			
Lack of proactive health programming	*			
Inability to identify and assess service needs for specific populations	*			
Lack of funding for communications			*	
Ability to disseminate information to the public	*		*	
Uncertain public health funding		*		

*Table 7. Challenges to multilevel community engagement*

Participants of the Local Public Health Systems Assessment frequently cited lack of financial resources for publicity as a barrier to people accessing both public health information and services. Participants also noted that the Worcester Division of Public Health is still new to Grafton and needs more time to build relationships with other agencies.

It was noted several times during focus group sessions with community organizations that their staff would be enthusiastic about collaborating with other agencies, especially in the context of increasing access to health services and health promotion programming. The most commonly cited barrier to collaboration was lack of knowledge about other agencies working in Grafton and available channels for communication.

### Strengths

The factors that support the current capacity of the public health system and encourage improvements that arose throughout the CHA process that have been included under the priority of capacity for multilevel community engagement are presented in Table 8.

Participants of the Local Public Health System Assessment noted several strengths with regard to health communications. The CHA process has facilitated connections among local

public health system agencies. The town strives to have an accessible Board of Health with televised meetings and proactive board members. The Greater Worcester Community Health Improvement Plan has also provided a common set of policy goals and priorities, although it has not been implemented in Grafton as of yet. The capacity for risk communications was discussed as being strong, with integration of health department staff onto local committees and trainings available.

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Openness to collaboration among community organizations	*	*	**	
Engaged Administration and Board of Health				
Quality services of community organizations (Senior Center, Friends of Grafton Elders, Community Nursing Association, Community Harvest Project)	*			
Increased use of social media for communications		*		
Regionalization of public health services		*	**	
Recent increase in number of healthcare providers	*			

Table 8. Factors facilitating multilevel community engagement

The health department is working on an annual communications plan that will simplify the release and distribution of information, including mass media campaigns through the Worcester Regional Transit Authority. Participants also noted opportunities to build relationships and connections between agencies to encourage leveraging of resources to increase information dissemination. Local public health system agencies also noted the need to ensure risk communications skills are practiced regularly to sustain skills.

Overall health or medical services in the area

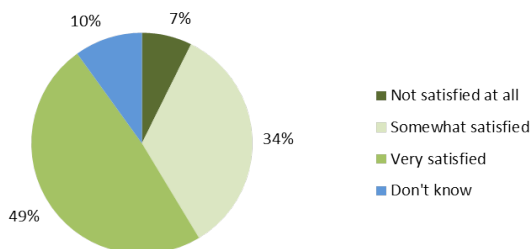


Figure 17. Satisfaction with health or medical services. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

Satisfaction with the availability of medical specialists

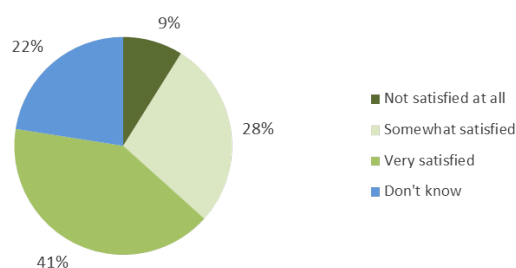


Figure 18. Satisfaction with the availability of medical specialists. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

The recent increase in the number of healthcare providers in the town, noted in focus group sessions, may play a role in the reported satisfaction with area healthcare services among survey respondents. Satisfaction (either very satisfied or somewhat satisfied) with overall availability of health and medical services was very high at 83% (Figure 17). A total of 69% of survey respondents reported being either very satisfied, or somewhat satisfied, with the availability of medical specialists in the area (Figure 18).

### Access to specialist medical services such as lab testing, X-ray, MRI, etc.

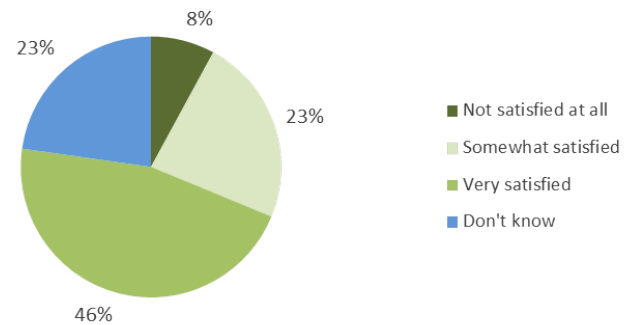


Figure 19. Satisfaction with access to specialist medical services. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

## Access to Resources for Physical Activity

Access to physical activity resources was one of the most common themes among key informants and focus group participants, and one of the most common answers among survey respondents when asked, "what factors prevent you or your family from being healthy and/or making healthy choices?" Inclusion of access to physical activity resources is appropriate based on data collected because the availability of resources was also frequently cited by residents as a factor that supporting positive health in Grafton, suggesting that disparities in access to existing resources is of higher concern than an overall lack of resources.

### Challenges

Focus group and key informant interviewees frequently noted that the town is not accessible by walking. Sidewalks are concentrated in specific neighborhoods and participants stated that in some areas walking is perceived as dangerous. The town's walk score (14 out of 100), classifies it as car dependent, with almost all errands requiring a car (Walk Score, 2015). Regional Youth Health Survey participants occasionally reported a lack of sidewalks as a barriers to exercise with 3.9% reporting that they do not exercise 60 minutes per day due to lack of sidewalks. Although this percentage is small, it is higher than the region at 2.62% (Worcester Division of Public Health, 2013).

*"...we walk and we're walking on a main road here and just the draft from the trucks is enough to knock you [over]. We need sidewalks; we need bike paths in the streets for people." -Focus Group participant*



Participants discussing lack of access to opportunities for physical activity also reported that the town does have some high quality resources, such as the outdoor athletic fields at Grafton High School. However, they noted that these resources are only available to students, and not to the general public. Seniors were noted to have particular challenges in accessing resources. Costs were also cited as a barrier to accessing resources.

*“...we do have a planning board and a conservation commission that’s pretty aggressive in terms of keeping open space and building trails for either horses or for walking...[but] I think it could be more of a walking community if we had a map that detailed all those trails.” –Key informant, government sector*

Survey respondents also placed high emphasis on physical activity. When asked to evaluate how much attention health topics should receive, 40% of respondents stated that physical activity should receive much more attention (Figure 20). Similarly, 30% survey respondents stated that overweight and obesity should receive much more attention (Figure 21). When asked what three issues most impact the health of a community, survey respondents most frequently chose overweight/obesity at 47.3% and low physical activity at 41.3% (Worcester Division of Public Health, 2014). In addition, survey respondents also identified opportunities for physical activity as one of the top three indicators of a healthy Grafton (Worcester Division of Public Health, 2014).

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Lack of sidewalks in some areas of town	***			
Lack of resources for physical activity	***			*
Lack of a centralized space for recreation	*			

Table 9. Challenges to access to physical activity resources.

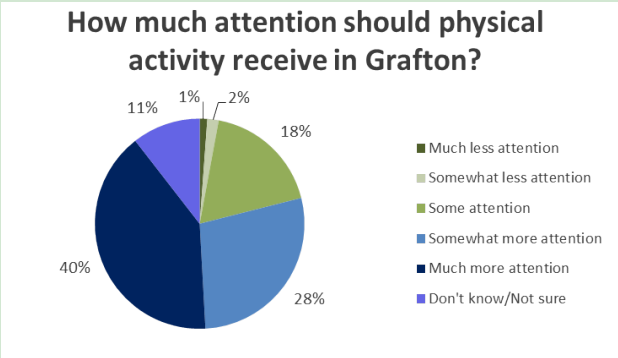


Figure 20. Evaluation of how much attention physical activity should receive. Source: Worcester Division of Public Health. Grafton Community Health Assessment, 2014.

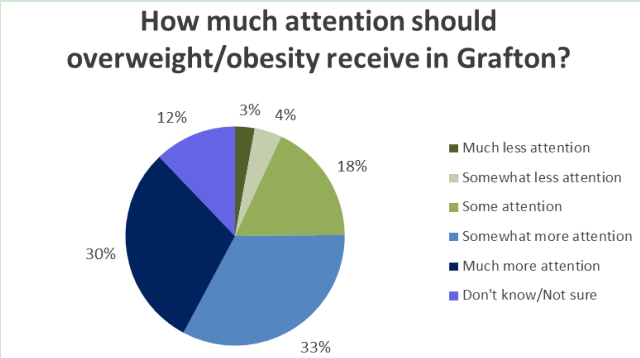


Figure 21. Evaluation of how much attention overweight and obesity should receive. Source: Worcester Division of Public Health. Grafton Community Health Assessment, 2014.

## Strengths

CHA data also suggests an existing infrastructure for physical activity in Grafton. Focus group participants noted several key resources, particularly trails maintained by the Grafton Land Trust, public parks, athletic fields, and classes and facilities at the Grafton Senior Center. Grafton residents also appear to participate in physical activity at modest rates, with 17% of survey respondents reporting that they always exercise for at least 30 minutes daily and an additional 28% reporting that they exercise for at least 30 minutes per day regularly (Figure 22).

**Frequency of daily exercise for at least 30 minutes among survey respondents**

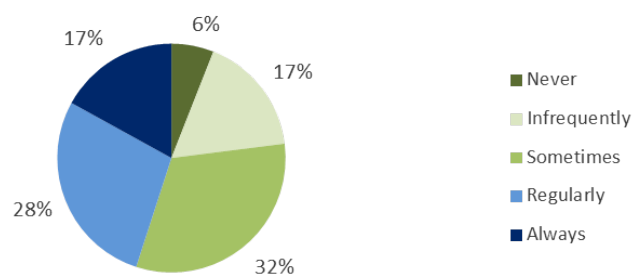


Figure 22. Frequency of daily exercise for at least 30 minutes among survey respondents. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Availability of resources for physical activity (Grafton Land Trust trails, public parks, public fields)	***			

Table 10. Factors facilitating physical activity in Grafton

## Mental Health

*"I sometimes wonder about how mental health issues are being addressed, because they did have a group that would come in and offer their services to the people, but not many people would [take advantage]-they're ashamed to take advantage of it I believe. And you just wonder is there a kinder way, is there a softer way of getting these people involved and at that time that's when a social worker could be helpful too."*  
– Focus group participant

**How much attention should suicide receive in Grafton?**

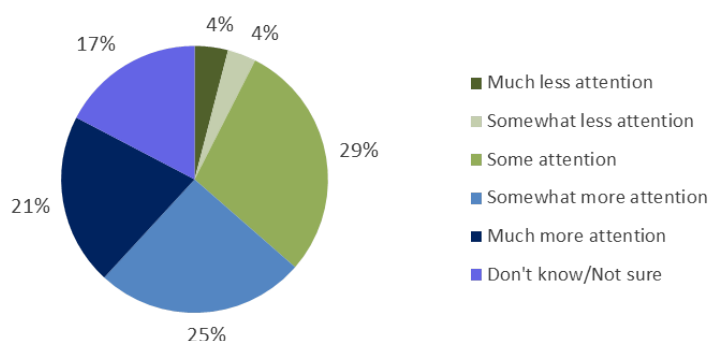


Figure 23. Evaluation of how much attention suicide should receive.  
Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

**How much attention should depression receive in Grafton?**

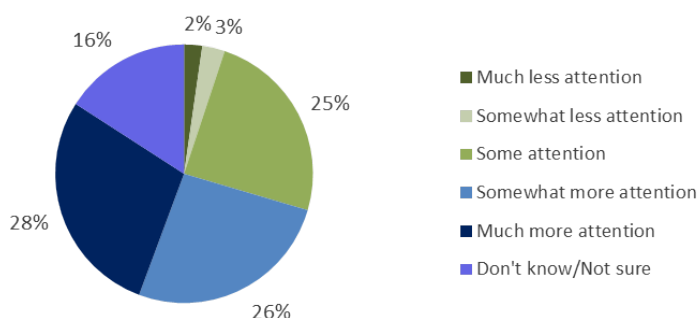


Figure 24. Evaluation of how much attention depression should receive.  
Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

Concerns among focus group participants and key informants regarding mental health were common and most frequently included concerns regarding the prevalence of specific mental health conditions such as hoarding and depression. Survey respondents also prioritized mental health. Analysis of additional primary and secondary data also supports prioritization of mental health. 46% of survey respondents indicated that suicide should receive more or much more attention in Grafton (Figure 23) and a 54% indicated that depression should receive more attention in town (Figure 24).

### Challenges

Survey respondents evaluated their satisfaction with the availability of mental health services as lower than other services. Respondents overwhelmingly indicated "Don't know" when asked to rate their satisfaction with both adult mental health services (56%, Figure 25) and youth services (57%). Local Public Health Systems Assessment participants also noted a lack of availability of mental health services.

## Seniors

Key informants and focus group participants expressed concern with the potential for senior residents to become isolated, leading to depression. Hoarding was also listed as concern among the senior population. Participants stated a desire to expand outreach to the senior population to identify those who may be at risk for depression due to social isolation.

*“That is a problem for seniors too, where we get lonely and depressed, and the Senior Center helps us with that by having all kinds of activities and outreach.” – Focus group participant*

### Satisfaction with counseling/mental health services for adults

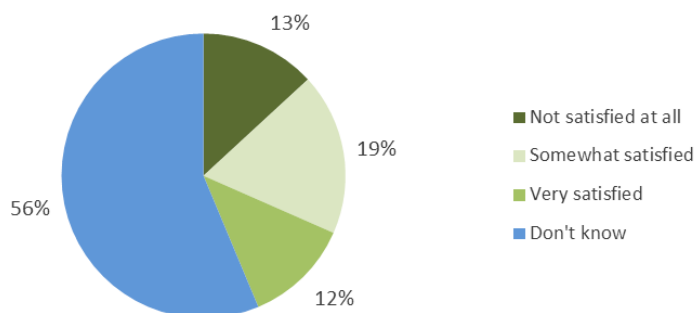


Figure 25. Satisfaction with the availability of mental health services for adults. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

### Emergency Department Visits for Self-Inflicted Injuries in Females

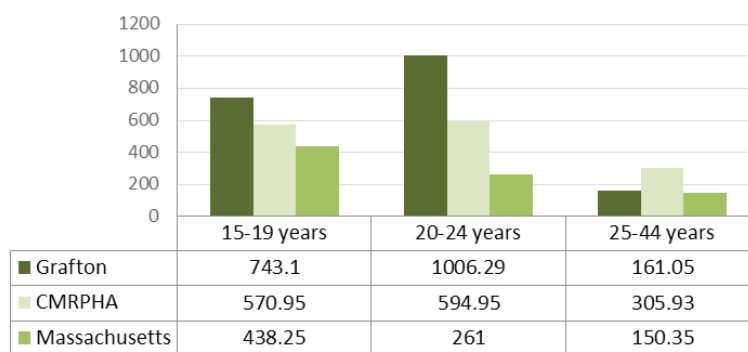


Figure 26. Emergency department visits for self-inflicted injuries among females. Source: Massachusetts Department of Public Health. Registry of Vital Records and Statistics, 2007-2011 average annual rates.

## Young Women

Data analysis of mental health indicators revealed significant differences between men and women, particularly among youth. Females aged 15-19 and 20-24 years in Grafton have higher rates of emergency department visits for self-inflicted injuries as compared to both the region and the state (Figure 27). Regional Youth Health Survey data also reflected this trend, with 6.08% of female students in Grafton reporting having attempted suicide one time in the past 12 months, as compared to 0.37% of males (Figure 26). A total of 19.94% of female students reported having seriously considered suicide in the past 12 months, compared to only 8.58% of male students (Figure 28). Depression also appears to be higher among young females, with 36.77% of students reporting feeling sad or hopeless every day for at least two weeks in the past year (Figure 29). Young females also experience more frequent electronic bullying, 23.32%, compared to males at 10.49% (Figure 30).

*"I think mental health issues in Grafton are kind of masked."*

*"[In school] everyone has their own person, like that one teacher that you can just talk to."*

*- Focus group participants, youth*

### Suicide attempts in the past 12 months among youth

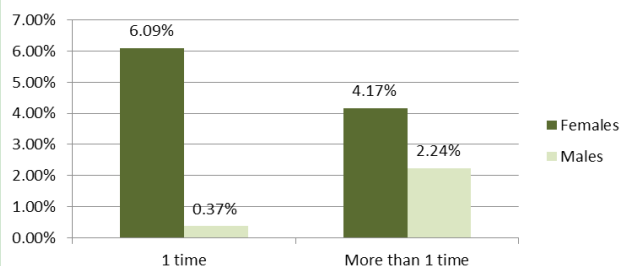


Figure 27. Percent youth attempting suicide in the past 12 months. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.

### Percentage of students reporting having seriously considered suicide in the past 12 months

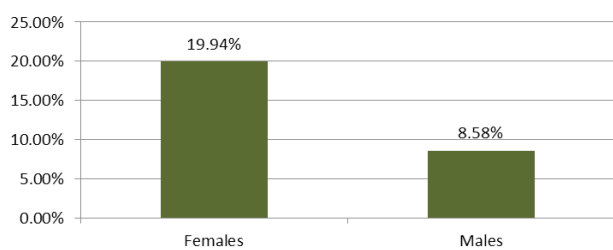


Figure 28. Percentage of youth considering suicide in the past 12 months. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.

### Percentage of students reporting feeling sad or hopeless everyday for 2 or more weeks in the past 12 months

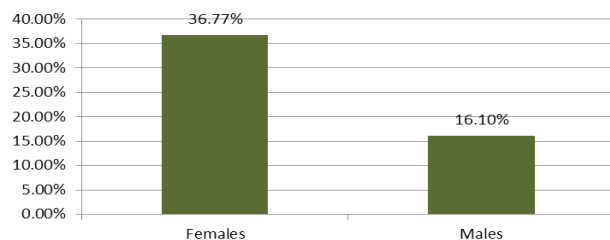


Figure 29. Percent of students feeling sad or hopeless everyday for 2 weeks or more in the past 12 months. Source: Worcester Division of Public. Regional Youth Health Survey, 2013.

### Percent of students reporting being electronically bullied (past 12 months)

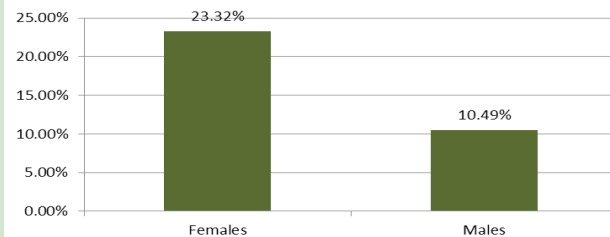


Figure 30. Percent of students reporting electronic bullying in the past 12 months. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.



	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Access to mental health services	**		*	
Stigma toward those using services	*			
Stress and long work hours	*			
Prevalence of mental health disorders and suicide	***			***

Table 11. Challenges to mental health in Grafton

## Strengths

Although there are specific concerns relating mental health as described above, overall mental health indicators for Grafton are positive. Hospitalizations for mental disorders are significantly lower for Grafton residents (2810.36 per 100,000) as compared to the region (4767.35 per 100,000) and the state (4159.86 per 100,000) (Table 4). The overall mortality rate due to suicide in Grafton is also lower than both the region and the state (Table 4). Another factor supporting positive mental health in Grafton is access to education. Youth in Grafton report receiving mental health education in school more frequently than students in the region, at 65.68% of Grafton students compared to 51% in the region (Worcester Division of Public Health, 2013).

## Access to Healthy Foods

When asked to identify the three factors that had the largest impact on Grafton's overall community health, 47.3% of survey respondents selected overweight and obesity as one of their three choices. It was the most commonly selected answer (Worcester Division of Public Health, 2014). Survey participants also commonly ranked conditions related to poor eating habits as deserving of more attention. 66% of participants stated that overweight and obesity should receive more or much more attention, 35% stated that high blood pressure should receive more or much more attention, 38% stated diabetes should receive more or much more attention, 59% stated nutrition should receive more or much more attention, and 38% stated nutrition should receive more or much more attention (Figure 31).

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Education on Healthy Eating	*			
Stigma toward those who utilize services	*			
Few options for healthy restaurants	*			

Table 12. Healthy eating challenges in Grafton

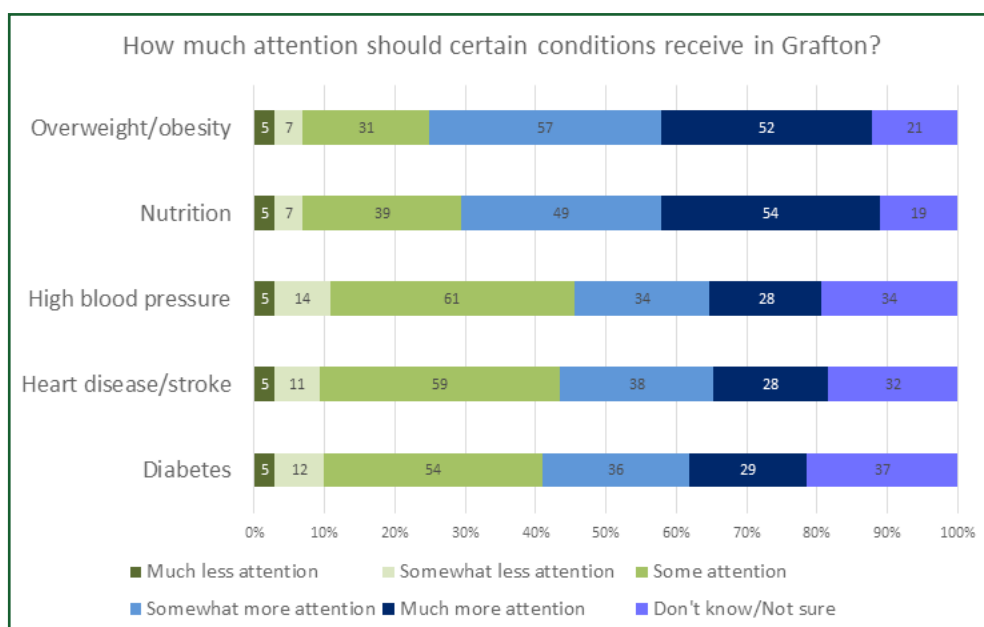


Figure 31. Evaluation of how much attention certain conditions should receive. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

## Challenges

Focus groups and key informant interviews revealed that although there are services available to those that struggle to access healthy foods, there may be a stigma toward those that utilize the services. This was raised as a concern of unequal access to healthy food resources in town. Additional healthy eating concerns were raised by focus group participants expressing dissatisfaction with the availability of healthy options at local restaurants, and having only one grocery store in town. Participants also expressed concern with the availability of information to help inform people's healthy eating choices.

*"...you still run into the fact that to eat healthy...it's more costly than not. And [people] choose at that point: Do you want to eat healthy foods? Do you want to pay for your medication? What is more important? And you prioritize things and sometimes the priority list isn't really a good choice...and it's too bad that people have to make that type of [choice]." – Focus group participant*

## Strengths

Survey respondents reported positive eating habits overall, with 52% reporting that they regularly or always ate the recommended 5 servings of fruits and vegetables per day (Figure 32). A high number of youth health survey respondents reporting eating vegetables at least once per day in the past week (49.57%), higher than the regional rate of 36.97%, although not higher than the state average of 61.5% (Worcester Division of Public Health, 2013). 78.38% of youth health survey respondents reported that fruits and vegetables were available as snacks at home at least most of the time, compared to only 70.33% at the regional level (Worcester Division of Public Health, 2013).

Focus groups and key informant interviews also identified local resources such as the food bank, Community Harvest Project, Meals on Wheels, the farmers market, and faith based food pantries as local resources promoting access to healthy foods. The food bank's recent reclassification as a 501c3 registered nonprofit was identified through the Forces of Change Assessment as potentially increasing the positive impact of the agency through expanded funding opportunities and increased resources.

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Community Harvest Project	**			
Farmers' market	***			
Food pantry	**			

Table 13. Factors facilitating healthy eating in Grafton

*"...one elementary school planted a garden last spring and then just recently harvested all of the fruits and vegetables and served them, with the Board of Health's blessing, in their lunch program maybe about a month ago." –Key informant, government sector*

### How often do you eat at least 5 servings of fruits and vegetables each day?

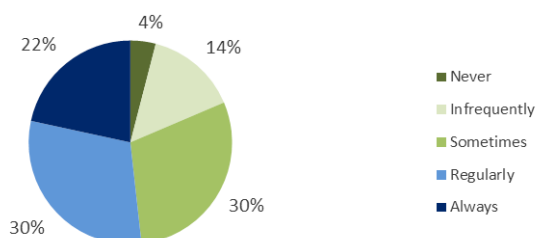


Figure 32. Percent of survey respondents eating the recommended servings of fruits and vegetables daily. Source: Worcester Division of Public Health. Grafton Community Health Assessment, 2014.

## Substance Abuse

Concerns surrounding the frequency of substance abuse, particularly among youth, were one of the most common themes noted by focus group participants. However, many participants also noted that they were unaware of the true extent of substance abuse among youth, only that if it were common they would have serious concerns. Participants also noted specific strengths, specifically positive policies, to support prevention of substance abuse. Among survey respondents, 48% said that substance abuse and addiction should receive somewhat more or much more attention (Figure 33).

*"I guess I have a firsthand fear that every other community has...I worry about medicine cabinets in people's houses, I worry about kids...and cheap drugs, but I don't know if that's here." –Key Informant, government sector*

## Challenges

Survey participants demonstrated a lack of knowledge about the availability of alcohol and drug treatment services for both adults and youth. 65% of respondents indicated "don't know" when asked to evaluate their satisfaction with services for adults and 68% for youth services (Figure 34).

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Drug and alcohol use among youth	*			
Drunk driving	*			
Marijuana use among youth	**			**
Tobacco use	**			***

Table 14. Substance abuse challenges in Grafton

### How much attention should substance abuse and addiction receive in Grafton?

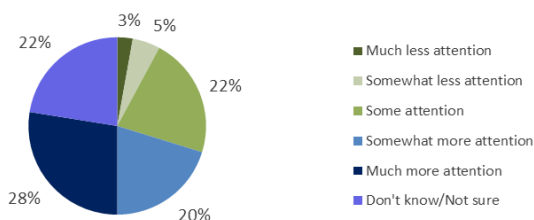


Figure 33. Evaluation of how much attention substance abuse and addiction should receive. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

### Alcohol or drug treatment services for adults

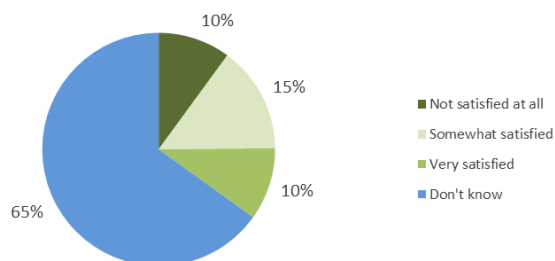


Figure 34. Survey participant satisfaction with the availability of alcohol and drug treatment services for adults. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

### How often do you drink to excess?

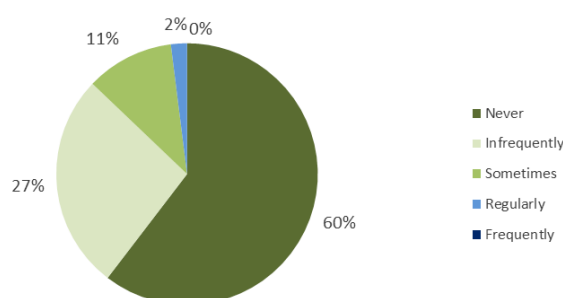


Figure 35. Percent of survey respondents reporting drinking to excess. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

### Alcohol use among youth

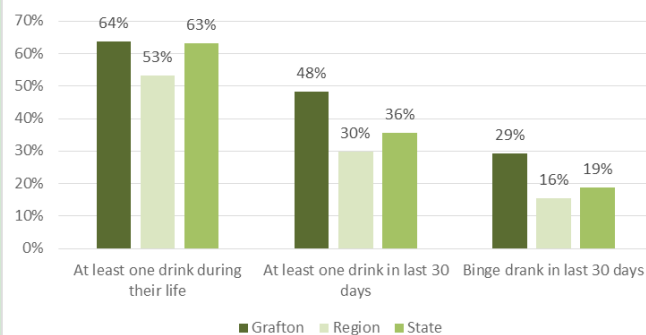


Figure 36. Alcohol use among youth in Grafton. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.

## Alcohol Use

The rate of substance abuse admissions related to alcohol in Grafton is lower than the state at 242.23 per 100,000 compared to 537.72 per 100,000 (Table 6). The rate of alcohol and substance related hospitalizations is also less than half the state rate at 114.05 per 100,000 compared to 342.97 per 100,000, as well as the regional rate 305.57 per 100,000 (Table 6). Youth health survey data suggests that youth in Grafton try alcohol at similar frequencies to youth across the region and state, but binge drink at a higher frequency (Figure 36).

## Tobacco Use

Overall tobacco use in Grafton is low, with only 9% of survey respondents reporting regular or frequent use of cigars, cigarettes, or e-cigarettes (Figure 37). Less than 1% of survey respondents reported the use of smokeless tobacco products such as chewing tobacco (Worcester Division of Public Health, 2014). The use of cigarettes among youth is higher than the regional and state rates, at 11.17%, 9.26%, and 10.70% having smoked at least once in the past 30 days, respectively (Worcester Division of Public Health, 2013). The use of smokeless tobacco products is also higher among Grafton youth with 9.61% reporting having used smokeless tobacco at least once in the past 30 days compared to the region (4.36%) and the state (4.8%) (Worcester Division of Public Health, 2013).

### How often do you use cigarettes, cigars, or e-cigarettes?

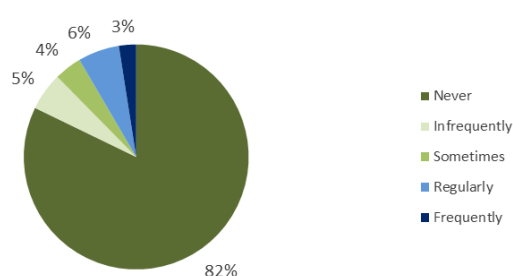


Figure 37. Percent of survey respondents reporting cigar, cigarettes, or e-cigarette use. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014

### Satisfaction with programs or services to help people quit smoking

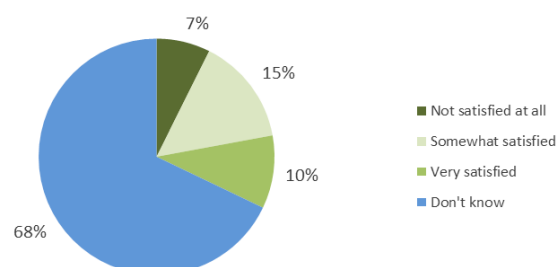


Figure 38. Evaluation of satisfaction with tobacco cessation resources. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.



Although overall tobacco use appears to be low, data suggests that it was previously high. Because lung cancers typically have a long latency period, it is common for cancer rates to drop only after many years of decline in smoking rates. The rate of hospitalizations for lung cancer in Grafton (96.76 per 100,000) is significantly higher than both the region (49.40 per 100,000) and the state (46.33 per 100,000) (Table 5). Mortality rates from lung cancer in Grafton (50.23 per 100,000) are slightly higher than the state (46.85 per 100,000), but lower than the region (53.28 per 100,000) (Massachusetts Department of Public Health, 2009-2011 annual rates). Survey participants also frequently indicated that they could not evaluate their satisfaction with available tobacco cessation resources, with 68% selecting “don’t know” (Figure 38).

### Other Substances

Marijuana use among youth was a topic discussed by focus group participants and during the Forces of Change assessment. Forces of Change participants noted that the state’s new medical marijuana laws may lead to the opening of a dispensary or growing center nearby. While participants noted that this may benefit the town through economic growth and job opportunities, some also expressed concern that it would increase access for local residents, especially youth. Marijuana use among youth is higher than both the region and the state according to Regional Youth Health Survey data, with 31% reporting having used marijuana in the past 30 days (Figure 39).

*“There is really is not a lot to do in Grafton ... like what are we supposed to do, hang out in Stop and Shop?”  
-focus group participant, youth*

Overall, abuse of illicit substances other than alcohol and tobacco appears to be low in Grafton. The rate of admissions to substance abuse treatment programs is lower than the state at 861.87 per 100,000 compared to 1568.64 per 100,000 (Table 6). The rate of opioid-related fatal overdoses is also lower than both the region and the state at 7.22 per 100,000 (Table 6) and the rate of admissions to substance abuse programs related to heroin use is also lower than the state at 450.65 per 100,000 (Table 6).

Prescription drug abuse appears to be higher among youth in Grafton compared to the region and the state (Figure 40). 10% of youth health survey participants reported using Ritalin or

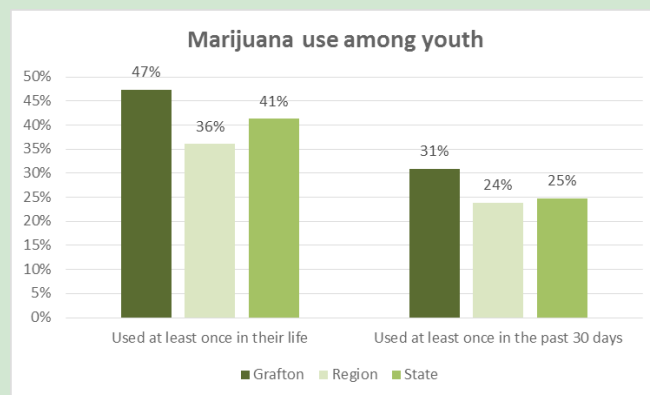


Figure 39. Marijuana use among youth in Grafton. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.

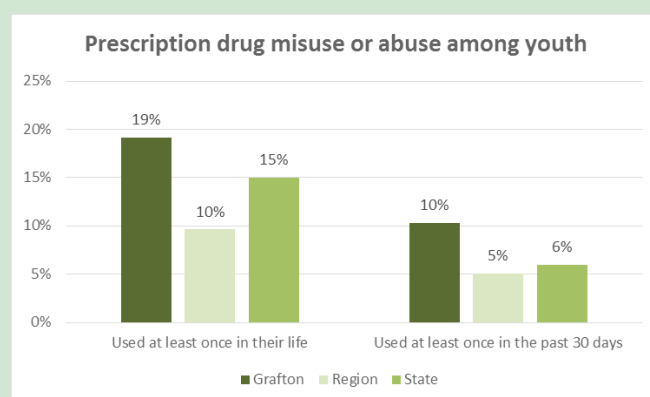


Figure 40. Prescription drug misuse or abuse among youth. Source: Worcester Division of Public Health. Regional Youth Health Survey, 2013.

Adderall without a prescription within the past 30 days, compared to only 3.4% regionally. However, the reported use of other substance such as heroin, crack, and ecstasy are low and do not differ greatly from the regional and state rates (Worcester Division of Public Health, 2013).

### Strengths

One of the main strengths of Grafton relating to substance abuse is the experience and knowledge of the local public health system in promoting positive policies. Tobacco policy was specifically cited by Local Public Health Systems Assessment participants, who noted particular strength in developing tobacco policy recommendations due to a high level of experience in that program area. The Board of Health has also been considering updates to the local tobacco regulations, which was noted as a positive force for health during the Forces of Change Assessment. Suggestions were made however, to promote knowledge around current tobacco prevention policies, such as distribution of frequently asked questions to permitted establishments.

In addition, Grafton has permanent disposal options for both prescription drugs and medical sharps. Participants noted that these strategies reduce access to potentially harmful prescription drugs, especially for youth, and decrease the risk of accidental disease transmission from used sharps.

	Community Themes and Strengths	Forces of Change	Local Public Health Systems Assessment	Health Status Assessment
Tobacco policy		*	*	
Prescription drug and needle disposal systems	*			

Table 15. Factors that prevent substance abuse in Grafton

## Other themes

### Asthma

Although asthma was mentioned as a potential concern among focus group participants, the rate of asthma related emergency department visits for Grafton is lower than that of the state, 1234.56 per 100,000 compared to 1500.03 per 100,000 (Table 5). It is also considerably lower than the region at 2712.92 per 100,000 (Table 5).

### Community organizations

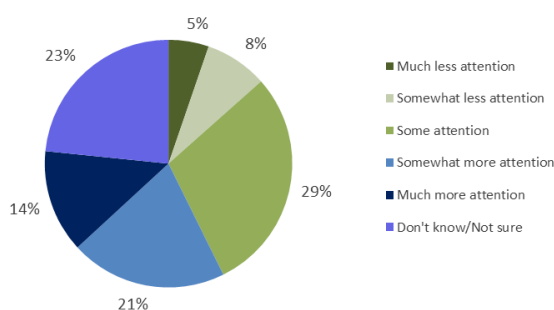
Focus group participants, key informants, and survey respondents frequently remarked on the quality of services provided by community organizations in Grafton. The Grafton Senior Center was highlighted most frequently because of the variety of programming offered including: exercise classes, support services, and education. The Grafton Community Nurses' Association, Community Harvest Project, and the faith based community in Grafton were also commonly cited.

*"You've got the senior center, which does a lot for our elderly residents in promoting good health, be it exercise programs, wellness checks, you know, even... offering the lunches there at discount rates to ensure that our elderly are eating properly and receiving proper nutrition." – Key informant, government sector*

### Cultural competency

Local Public Health Systems Assessment participants noted challenges with cultural competency, making it difficult to reach out to all populations to offer services. Participants also stated that increased outreach to special populations would improve the ability to identify gaps in services. It would also support increasing the reach of existing services. Partners also expressed a desire to communicate more among themselves so that information about available resources from other agencies is available.

**How much attention should health equity receive in Grafton?**



*Figure 41. Evaluation of how much attention health equity should receive. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.*

Forces of Change Assessment participants noted that the town of Grafton has seen an influx of immigrants from India in recent years. Participants cited the increased community diversity as presenting an opportunity for improved health in Grafton. Participants also noted concerns with the potential negative impact on this population within the community due to impacts of low cultural competency and the potential presence of racism. A low percentage of survey respondents (4.1%) stated that discrimination or unfriendliness of health care workers had made it difficult to access health care (Worcester Division of Public Health, 2014). When asked to evaluate how much attention health equity should receive, 14% of survey respondents selected “much more attention” and 21% selected “more attention” (Figure 41).

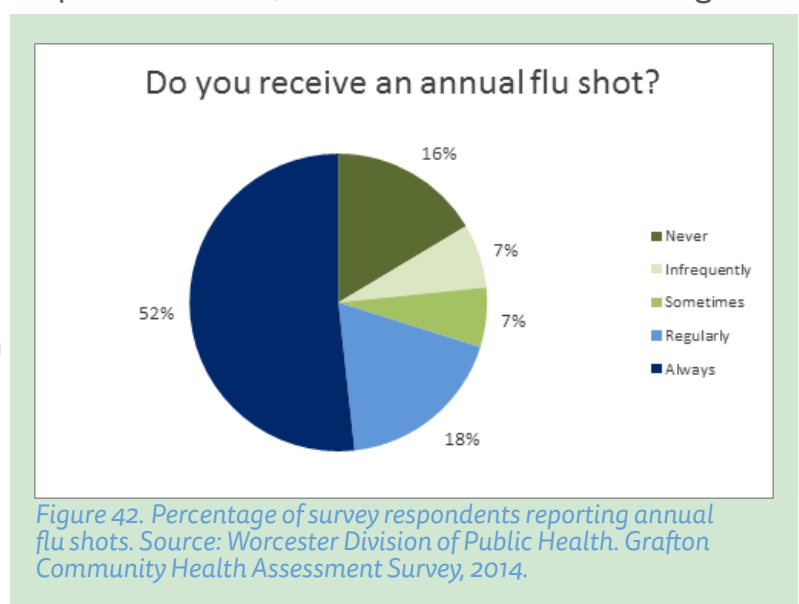
### Emergency preparedness services

Emergency preparedness was a theme that emerged in several discussions, each noting that overall Grafton is well-equipped to respond to and recover from public health emergencies. Local public health systems participants noted the health department’s uses the MA Virtual Epidemiologic Network (MAVEN), which is a robust surveillance system for communicable diseases. The system allows for bilateral communication between the local health department and the MA Department of Public Health, making it easier to identify and compare disease clusters. MAVEN also provides detailed guidance for disease investigation for local health departments. The local public health system partners also utilize the Health and Homeland Alert Network (HHAN), an online statewide system to sending and receiving emergency alerts 24/7. Participants also noted the availability of some emergency preparedness staff in the region with advanced training as well as strong regional relationships to provide support and interdisciplinary trainings. The Grafton Medical Reserve Corps and regular drills were also cited as factors promoting preparedness in town.

The Forces of Change Assessment revealed a natural susceptibility to natural disasters such as blizzards, ice storms, or hurricanes that could present threats to the health of Grafton although overall, participants felt that the town is prepared for these types of events.

### Flu Prevention

A frequent comment among focus group participants and key informants was the success of Grafton’s annual flu clinic, and its high participation. In 2014, 10 clinics were held in through the health department, with over 500 individuals vaccinated. Survey respondents reported receiving annual flu shots at high rates, with 52% responding that they always receive an annual flu shot and an additional 18% indicating that they regularly receive a flu shot (Figure 42). Hospitalization rates for pneumonia and influenza are lower in Grafton (216.10 per 100,000) than in the region (358.31 per 100,000) and the state (330.89 per 100,000) (Table 5), although mortality from pneumonia and influenza is slightly higher (Table 4).



## Healthcare reform and healthcare costs

Focus group participants, particularly seniors, noted lack of clarity surrounding the implementation of the Affordable Care Act and high healthcare costs as concerns for Grafton residents. Forces of Change Assessment participants noted that changes are coming to the healthcare system in MA and nationally due to healthcare reform. The major opportunity cited by participants was increased access to clinical healthcare services. However, several threats were also noted including: confusion or misunderstanding of the process and benefits available, technical difficulties in accessing information, and impacts on local businesses and healthcare providers. 23.8% of survey respondents reported that high health care costs have made it more difficult to access care (Worcester Division of Public Health, 2014). Overall, a high percentage of survey respondents reported satisfaction with the availability of medical providers accepting their insurance, with 51% rating themselves as very satisfied (Figure 43).

### Satisfaction with the availability of medical providers who accept insurance

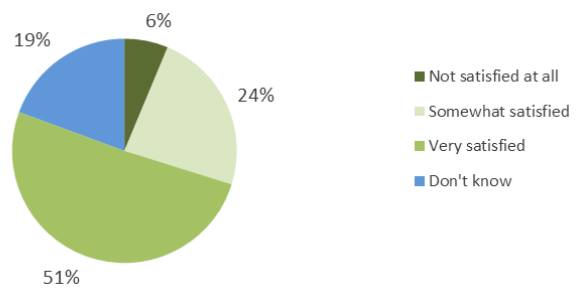


Figure 43. Evaluation of satisfaction with the availability of health care providers that accept insurance. Source: Worcester Division of Public Health. Grafton Community Health Assessment Survey, 2014.

## Lead poisoning prevention

Data collection revealed that the prevalence of elevated blood lead levels among children is very low in Grafton, with zero cases reported between 2008-2012, compared to 70 total across the region in that time frame (Massachusetts Department of Public Health, 2012).

## Other Local Public Health Systems Assessment Strengths

### *Public Health Essential Service 1: Monitor Health Status to Identify Community Health Problems*

Participants noted that Central MA Regional Planning Commission is working on a DataCommon project to bring regional data together in one place to make it easier for organizations to share and utilize local data. The health department would like to identify resources to increase staff capacity and access technology for analysis.

### *Public Health Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards*

Participants noted an opportunity to increase the number of passive surveillance systems which would reduce the burden on the local public health system to collect information. Participants also noted that although emergency responses are generally well handled, information from debrief sessions could be better documented and utilized to make continuous improvements.

### *Public Health Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce*

The health department staff participating in the Local Public Health Systems Assessment noted internal strengths with workforce development, namely an accreditation requirement and close connections to UMass and other area colleges. Local public health system partners also noted an increase in recent years in the number of healthcare professionals working in the town.



## **Program evaluation**

The health department's experience with the 2012 Greater Worcester Community Health Improvement Plan has provided a lot of insight into the assessment and planning process. The department has been working to expand evaluation in all program areas and into the work in the town of Grafton. Regular assessments following a formal methodology are new to the local public health system in Grafton with the 2014 Community Health Assessment, but participants in the Local Public Health Systems Assessment expressed enthusiasm for continuing the process. Participants stated that encouraging the use of assessments as a routinely utilized tool could improve service delivery.

The local public health system also promotes the implementation of evidence-based models and has a strong support network locally including the UMass Prevention Research Center and the new Center for Public Health Practice at WDPH. Part of the challenge of conducting research locally is that agencies are often held to structured grant deliverables. Participants also expressed challenges in disseminating findings. Local public health systems partners identified improved communications as a method to improve dissemination of research findings, such as making formal reports available by multiple means.

## **Regionalization**

In spring 2014 Grafton joined the Central MA Regional Public Health Alliance (CMRPHA) and regionalized public health services with six other towns, led by the Worcester Division of Public Health. Participants of the Forces of Change Assessment viewed regionalization as presenting mainly positive opportunities to improve health, although participants were unsure of the magnitude of some of these opportunities. Identified opportunities included: increased services for the senior center such as more flu clinics, increased access to expertise and information, increased opportunity for Community Harvest Project to align with other partners and projects across the region, and access to more funding opportunities because of membership in the CMRPHA. Participants also noted several changes that they believe have already positively impacted health since the town regionalized including a new prescription drug disposal kiosk, a Youth Health Survey in Grafton schools, and increased access to technical expertise through WDPH. Focus group participants and key informants also occasionally mentioned regionalization as being mostly positive for the town because of the opportunity to expand services.

A few potential threats to public health due to regionalization were also identified by Forces of Change Assessment participants including: potential for decreased personalization of services, possible future cuts to Grafton's health funding that would negatively impact the CMRPHA, and a perception of a loss of local control in public health services.

## **Regular Health Policy Review**

Local Public Health System Assessment participants cited a challenge to health due to a lack of a formal process for the regular review of existing local policies for needed updates. Local Public Health System partners also reported a challenge in disseminating policy recommendations beyond the governing entities (e.g. information is contained in formal reports that the public may not know how to access). However, an opportunity noted was to work to make policy review a regular process at both the health department and Board of Health level; a second opportunity for improvement was implementing strategies to make policy information more available to both partners and the public.

## **School Health Services**

The high quality of health services in Grafton Public Schools, specifically school nursing services, emerged as a theme in key informant interviews. However, participants felt these services could be further strengthened by the investment of additional resources.

## Alignment of priorities with other agencies

The priorities identified through the Grafton CHA align closely with regional, state, and national priorities. This additional information will allow local partners to identify areas of potential collaboration and opportunities to leverage resources.

Grafton	Regional	Massachusetts	National
2014 Grafton Community Health Assessment	2012 Greater Worcester Community Health Assessment & Improvement Plan	MA State Health Assessment & MA State Health Improvement Plan	National Prevention Strategy*  Healthy People 2020
Capacity for multilevel engagement	Create a respectful and culturally responsive environment which encourages prevention of chronic disease, reduction in infant mortality, and access to quality comprehensive care for all	Assure health equity and health reform goal attainment through robust systems and resources for monitoring, protecting, and promoting the health and well-being of the entire Massachusetts population  Improve prevention, management and control of chronic disease and associated risk factors  Improve diversity among individuals served	Improve access to comprehensive, quality health care services  Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life  To ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure to effectively provide essential public health services
Access to physical activity resources	Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being	Ensure that all MA residents engage in adequate physical activity  Improve prevention, management and control of chronic disease and associated risk factors	Active Living*  Improve health, fitness, and quality of life through daily physical activity
Mental health	Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region		Mental and Emotional Well-Being*  Improve mental health through prevention and by ensuring access to appropriate, quality mental health services
Access to healthy eating	Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being	Ensure that all MA residents eat a nutritious diet  Improve prevention, management and control of chronic disease and associated risk factors	Healthy Eating*  Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights
Substance abuse	Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region	Prevent the development of alcohol and substance use disorders  Support all MA residents in leading tobacco-free lives  Strengthen local capacity to prevent substance abuse	Tobacco Free Living*  Preventing Drug Abuse and Excessive Alcohol Use*  Reduce substance abuse to protect the health, safety, and quality of life for all, especially children  Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure

## Moving forward

### Metrics and data sources

The data contained in this report will be updated annually as available, to be utilized by public health system partners to inform programming.

2014 Grafton Community Health Assessment Data Sources	
Indicator	Source
Demographics	US Census Bureau. 2010 US Census, 2010.
Asthma Emergency Department Visits	Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011 annual rates.
Hospitalizations	Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011 annual rates.
Lead Poisoning Events	Massachusetts Department of Public Health. Childhood Lead Poisoning Prevention Program, 2008-2012 annual counts. 2012.
Mortality Rates	Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2009-2011 annual rates.
Substance Abuse Admissions	Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2012 (+2011) annual rates.
Survey Data	Worcester Division of Public Health. Grafton Community Health Assessment, 2014.
Walk score	Walk Score. <a href="http://www.walkscore.com">www.walkscore.com</a> . Retrieved February 2015
Youth Health Survey	Worcester Division of Public Health. Regional Youth Health Survey, 2013.

Table 16. Data Sources for the 2014 Grafton Community Health Assessment

### 2015 CHA / 2016 CHIP

A comprehensive community health assessment process will begin in 2015 and will include all Central MA Regional Public Health Alliance communities. The process will integrate the findings of this report, and moving forward Grafton's health assessments will be on the same schedule. Following the completion of the 2015 CHA, a community health improvement process will begin that will to develop strategies to make improvements for health priorities identified through the CHA. These improvements will be outlined in a Community Health Improvement Plan (CHIP), to be released in summer 2016.



# Appendix A

## Grafton Community Health Assessment Survey

### Grafton Community Health Assessment Survey

#### Part 1: Demographics

##### 1. What is your age?

- ☐ Under 18 years old
- ☐ 18-24 years old
- ☐ 25-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50-64 years old
- ☐ 65-74 years old
- ☐ 75 years old or older

##### 2. What is your gender?

- ☐ Female
- ☐ Male

##### 3. What ethnic group do you most identify with?

- ☐ African American / Black
- ☐ Asian / Pacific Islander
- ☐ Hispanic / Latino
- ☐ Native American
- ☐ White / Caucasian
- ☐ Other (please specify)

##### 4. What is your marital status?

- ☐ Married / co-habiting
- ☐ Not married / single

## Grafton Community Health Assessment Survey

### 5. What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Associate degree / some college
- ☐ College degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

### 6. What is your household income?

- ☐ Less than \$20,000
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$124,999
- ☐ Over \$125,000
- ☐ Don't know

## Part 2: Healthy Community

### 7. What does a healthy community look like to you?

### 8. What factors or resources make Grafton a healthy community?

### 9. What factors prevent you or your family from being healthy and/or making healthy choices?



## Grafton Community Health Assessment Survey

### 10. How would you rate the overall health of our community?

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy

## Grafton Community Health Assessment Survey

**11. Please respond to the following questions using a scale of 1 to 5, with 5 being the most positive.**

	1	2	3	4	5
Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the health care system in the community? (Consider accessibility, cost, availability, quality, and options in health care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day-care, social support for the elderly living alone, meals on wheels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for each other?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there networks of support for individuals and families (neighbors, support groups, faith community,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Grafton Community Health Assessment Survey

outreach agencies, etc.)  
during times of stress need?

Is there an active sense of  
civic responsibility and  
engagement, and of civic  
pride in shared  
accomplishments?

☐ ☐ ☐ ☐ ☐

### Part 3: Health Behaviors & Access to care

#### 12. Please indicate how often you engage in the following health behaviors.

	Never	Infrequently	Sometimes	Regularly	Always
Receive routine dental screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive an annual flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive other routine vaccinations (tetanus, measles, diphtheria, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive routine cancer screenings (mammogram, prostate exam, colonoscopy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive routine blood pressure screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive routine eye exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat at least 5 servings of fruits and vegetables each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise 30 minutes per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a seatbelt when in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when riding a bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Grafton Community Health Assessment Survey

### 13. Please indicate how often you engage in the following behaviors

	Never	Infrequently	Sometimes	Regularly	Frequently
Smoke cigarettes/cigars or use e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink to excess (more than 4 drinks in a night for women, more than 5 for men)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use recreational drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs outside of their intended purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own a firearm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco products (dip, chew, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Part 4: Access to Care

## Grafton Community Health Assessment Survey

**14. Please think about the availability of different health and social services in your community. How satisfied or dissatisfied are you with the availability of the following services?**

	Not satisfied at all	Somewhat satisfied	Very satisfied	Don't know
Overall health or medical services in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health or medical services specifically for seniors (65+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health or medical services specifically for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug treatment services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug treatment services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling or mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling or mental health services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation to area health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive health services for youth (birth control, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs or services to help people quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health or medical providers who accept your insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialists in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreter services during medical visits and when receiving health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services (WIC, SNAP offices, MassHealth Enrollment, emergency housing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to specialist medical services such as lab testing, X-ray, MRI, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

### Part 4: Access to Care

## Grafton Community Health Assessment Survey

### 15. Have any of these issues ever made it more difficult for you to get the health care that you needed? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Afraid to have health check-up                            | <input type="checkbox"/> Cost of care  |
| <input type="checkbox"/> Having no regular source of healthcare                    | <input type="checkbox"/> Lack of evening and weekend services                                  |
| <input type="checkbox"/> Health care information is not kept confidential          | <input type="checkbox"/> Long waits for appointments   |
| <input type="checkbox"/> Lack of transportation                                    | <input type="checkbox"/> Language problems/could not communicate with provider or office staff |
| <input type="checkbox"/> No available provider near me                             | <input type="checkbox"/> Insurance problems/lack of coverage                                   |
| <input type="checkbox"/> Don't know what type of services are available            | <input type="checkbox"/> I have never experienced any difficulties getting care                |
| <input type="checkbox"/> Discrimination/unfriendliness of provider or office staff |  |
| <input type="checkbox"/> Other (please specify)                                    |  |

### 16. What are the three greatest indicators of a healthy Grafton? Please check only 3.

- |  |  |
|--|--|
| <input type="checkbox"/> Low adult death and disease rates           | <input type="checkbox"/> Opportunities for physical activity (youth sports, walking trails, fitness centers, etc.) |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Clean environment   |
| <input type="checkbox"/> Good jobs and healthy economy               | <input type="checkbox"/> Arts and cultural events  |
| <input type="checkbox"/> Access to healthy foods                     | <input type="checkbox"/> Low infant deaths   |
| <input type="checkbox"/> Emergency preparedness                      | <input type="checkbox"/> Affordable housing  |
| <input type="checkbox"/> Low crime/safe neighborhoods                | <input type="checkbox"/> Community support groups  |
| <input type="checkbox"/> Good place to raise children                | <input type="checkbox"/> Strong family life  |
| <input type="checkbox"/> Good schools                                | <input type="checkbox"/> Religious or spiritual values   |
| <input type="checkbox"/> Well-maintained parks                       | <input type="checkbox"/> Excellent race/ethnic relations   |
| <input type="checkbox"/> Access to mental health care                | <input type="checkbox"/> Activities for youth (sports, arts, after school clubs, etc.)                             |
| <input type="checkbox"/> Other (please specify)                      |  |



## Grafton Community Health Assessment Survey

**17. What are the three issues that most impact overall community health? Please check only three.**

☐ Aging problems (e.g. arthritis, hearing/vision loss, etc.)

☐ Cancers

☐ Child abuse/neglect

☐ Dental problems

☐ Diabetes

☐ Domestic violence

☐ Heart disease and stroke

☐ High blood pressure

☐ Other (please specify)

☐ HIV/AIDS

☐ Homicide

☐ Infant death

☐ Infectious diseases (e.g. TB, hepatitis, etc.)

☐ Low physical activity

☐ Mental health problems

☐ Motor vehicle crash injuries

☐ Natural disasters

☐ Overweight/obesity

☐ Rape/sexual assault

☐ Respiratory/lung disease

☐ Sexually transmitted diseases (STDs)

☐ Suicide

☐ Teenage pregnancy

☐ Terrorist activities

☐ Violence

### Part 5: Prioritization of Health Conditions

## Grafton Community Health Assessment Survey

**18. Considering limitations of financial and organizational resources, please rate how much attention you think the following conditions should receive in Grafton.**

	Much less attention	Somewhat less attention	Some attention	Somewhat more attention	Much more attention	Don't know/Not sure
Access to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction/Substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy aging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease/stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
infectious diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle/pedestrian injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco cessation & prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Appendix B

## Focus Group Facilitator's Guide

### BACKGROUND/INTRODUCTIONS

Facilitator will:

- Introduce yourself and thank participants for agreeing to come.

"Thank you for volunteering your time and coming this morning. I am {NAME} – I work for/with the Worcester Division of Public Health, which is the lead agency for the Central MA Regional Public Health Alliance, of which Grafton is a member. I'll be moderating our discussion today."

- Explain group guidelines and tell how long the focus group will last.

"We have the discussion scheduled for one hour today. During the discussion we're going to be talking about health in Grafton. This is a part of an assessment called the 2014 Grafton Community Health Assessment, or Grafton CHA, which we hope to publish this fall."

"Again, I am here just to facilitate the session today. You won't hurt my feelings or make me feel good with whatever opinions you might give. We are interested in hearing your point of view even if it is different from what others have expressed."

"I'm going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move the conversation along so we can cover all of the questions."

"We want to make sure that we record an accurate picture of health in Grafton. If you can include specific examples or stories in your responses that would be extremely helpful."

- Address confidentiality

"We will be audio-taping the discussion because we don't want to miss any comments. But, we will only be using first names today and there will not be any names attached to the comments on the final report. You may be assured complete confidentiality."

- Participant introduction

"On that note, please introduce yourselves – first names are fine. Please tell us what you do and how long you've been in that position, as well as how long you've lived or worked in Grafton. Let's just go around the table."

## INTERVIEW CONTENT

1. What assets and services work well in Grafton?
2. What efforts or initiatives have been successful in helping meet local health or healthcare needs? Have specific organizations played a lead role in these efforts?
3. What are the most pressing health issues in Grafton? What should be done about these issues?
4. Are there any populations whose needs are not being served? What should be done to correct this?
5. Why isn't anything being done now to address either of these issues?
6. What are the consequences to the community in not addressing this issue?
7. Are there any other significant barriers to health or making healthy choices in Grafton?
8. What specifically should the CMRPHA do to improve the health of Grafton residents?
9. Are there changes that could be made in your community to help people make better health choices?
10. Is there anything CMRPHA could be doing specifically to help promote health in Grafton?

## CLOSING

- Offer an opportunity for any short final comments participants would like to make. Thank participants.

"Thank you very much for your input today. We are just about out of time. Are there any last comments that anyone would like to make? The information you provided will help us inform the steering committee in writing the final report and in allocating resources for future health improvement projects."

"If you have any questions later on please feel free to contact me. We will send you along the final report once it is published. Thank you so much for taking the time to talk with me today."

## Appendix C

### Local Public Health System Assessment Tool SAMPLE, Page 1 of 23

#### Local Public Health System Assessment Tool

*Adapted from: National Public Health Performance Standards, Local Public Health System Assessment Instrument (Local Instrument), Version 3.0*

##### Essential Service 1: Monitor Health Status to Identify Community Health Problems

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data			
Performance Measure	Target Audiences	Rating	
1.2.2: Analyze health data, including geographical information, to see where health problems exist?	<ul style="list-style-type: none"><li>• WDPH</li><li>• Steering</li></ul>		
Discussion Notes Model Standard 1.1			
Strengths	Weaknesses	Short Term Improvement Opportunities	Long-Term Improvement Opportunities

##### Discussion Questions Model Standard 1.2

- How does the LPHS use technology to support the CHA databases?
- At what level within the community are data available?
- How does the LPHS use GIS?

## Appendix D

### Forces of Change Assessment Reference Page

Session Goal: to identify trends, factors, and events that are occurring or might occur that affect the health of Grafton and to identify threats or opportunities associated with them.

Key Terms:

Trends—patterns over time such as migration into or out of a community

Factors—discrete elements such as a large ethnic population, or geographic location

Events—are one time occurrences such as natural disasters

Characteristics to Consider:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

Session Steps:

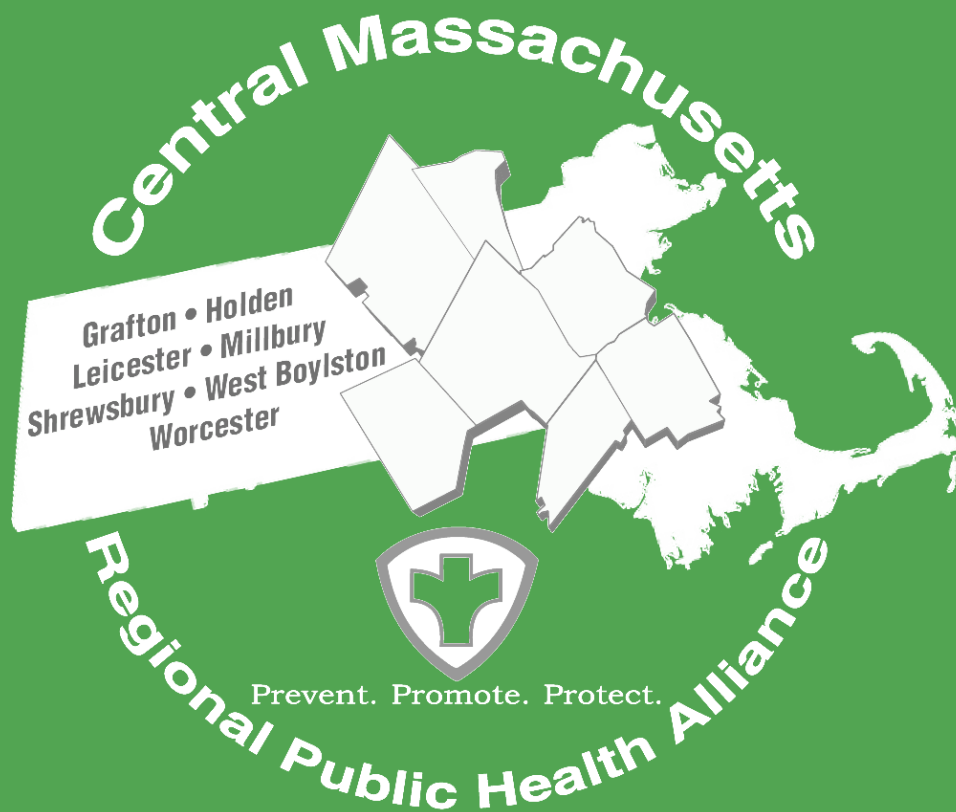
1. Brainstorm forces
2. Describe the forces and outline the specific nature of the forces
3. Identify and describe the potential impact on the health of Grafton
4. Identify and describe the specific threats and opportunities presented by the forces





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